2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000052835

Entity Name: NASRAMNAS, LLC

Current Principal Place of Business:

605 N HWY 393
UNIT 9D
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

605 N HWY 393
UNIT 9D
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORSEY, JULIANA C
605 N HWY 393
UNIT 9D
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANDERS, JONATHON D
Address: 259 MAY DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: MARLOW, MARK L
Address: 5 CALHOUNE AVE, UNIT 404
City-St-Zip: DESTIN, FL 32540

Title: MGRM ( ) Delete
Name: SUMPTER, JAMES A
Address: 30 TRAE LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANDERS, JONATHON D
Address: 92 CAROLYN LN
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHON D SANDERS MGRM 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date