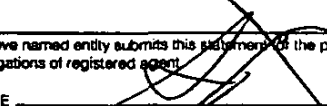
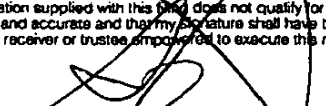


FILED  
May 11, 2007 8:00 am  
Secretary of State

03-27-2007 90204 043 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                               |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L05000067829</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                              |         |
| 1. Entity Name<br>RAM 9 NORTH, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                               |         |
| Principal Place of Business<br>5503 N. FEDERAL HWY<br>BOCA RATON, FL 33487 US                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Mailing Address<br>5503 N. FEDERAL HWY<br>BOCA RATON, FL 33487 US                                                             |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | 3. Mailing Address                                                                                                            |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Suite, Apt. #, etc.                                                                                                           |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | City & State                                                                                                                  |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country | Zip                                                                                                                           | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |         | 4. FEI Number<br>APPLIED FOR 11-3753869                                                                                       |         |
| Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | Not Applicable                                                                                                                |         |
| 6. Name and Address of Current Registered Agent<br>HANDAL, ARTHUR<br>5503 N. FEDERAL HWY<br>BOCA RATON, FL 33487                                                                                                                                                                                                                                                                                                                                                                                         |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |         |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |         |                                                                                                                               |         |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                              |         | DATE 3/12/07                                                                                                                  |         |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | Make check payable to<br>Florida Department of State                                                                          |         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 10. ADDITIONS/CHANGES                                                                                                         |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                |         |
| MGRM<br>HANDAL, ARTHUR<br>5503 N. FEDERAL HWY<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                    |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |         |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:                                                                                                                                                                                                                                                                                                                                                                                                            |         | DATE 3/12/07                                                                                                                  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SUCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                       |         | Date                                                                                                                          |         |

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