

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 041 ****55.00

DOCUMENT # L05000080228

1. Entity Name
RAM DEVELOPMENT LLC



Principal Place of Business
**14578 RIVER BEACH DR.
#511
PORT CHARLOTTE, FL 33953**

Mailing Address
**14578 RIVER BEACH DR.
#511
PORT CHARLOTTE, FL 33953**



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3714036

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYNARD, ROGER
14578 RIVER BEACH DR.
#511,
PORT CHARLOTTE, FL 33953**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

ROGER MAYNARD, MANAGER

(NOTE: Registered Agent signature required when reinstating)

3/31/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM, PRESIDENT
MAYNARD, ROGER
14578 RIVER BEACH DR. #511
PORT CHARLOTTE, FL 33953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
JOETTE MAYNARD
14578 RIVER BEACH DR. #511
PORT CHARLOTTE, FL 33953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ROGER MAYNARD

3/31/07

Date

Daytime Phone #