

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90159 032 ***143.75

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**

00000713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3714036

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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**T
MAYNARD, JOETTE
14578 RIVER BEACH DR #511
PORT CHARLOTTE, FL 33953** ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

941 457 0271

ATTACHMENT

50005719

May 21, 2008

Florida Department of State

Division of Corporations

PO Box 6478

Tallahassee, FL 32314

Dear Representative,

Please find enclosed Annual Reports for the following corporations

RAM Development LLC

Document # L05000080228

Villas ay Harbour Village Property Owners Document # N98000006058

I have enclosed checks for the May filing fee. I am asking that you please extend consideration and accept the initial filing fee and waive any late fees. I have been very ill and had to undergo many medical tests prior to diagnosing my illness that required time off work and a hospital visit. I apologize for the oversight.

I have always filed the Annual Reports timely in the past and will ensure that they are filed on time in the future.

I appreciate your kindness and consideration.

Sincerely,



Joette Maynard

Secretary/Treasurer