2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L05000093684

Entity Name: RAMOS GROUP DEVELOPERS LLC

Current Principal Place of Business:

10 ARAGON AVE.
SUITE 1406
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

10 ARAGON AVE.
SUITE 1406
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5186655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, ROBERTO D
10816 S.W. 72 STREET, #194
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

RAMOS, ROBERTO D
10 ARAGON AVE.
SUITE 1406
CORAL GABLES, FL 33134 US

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: 02/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DE ASIS RAMOS, ROBERTO
Address: 10816 S.W. 72 STREET, #194
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete
Name: CAFARO, MARTHA I
Address: 10816 S.W. 72 STREET ,# 194
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DE ASIS RAMOS, ROBERTO
Address: 10 ARAGON AVE ,SUITE 1406
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: CAFARO, MARTHA I
Address: 10 ARAGON AVE, SUITE 1406
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO D. RAMOS MGR 02/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date