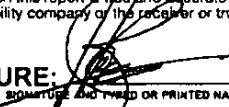


FILED  
May 24, 2007 8:00 am  
Secretary of State

04-16-2007 90348 035 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000001822</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                        |                                                                   |
| 1. Entity Name<br><b>RAMOS BROS. LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>9435 MYRTLE CREEK LANE<br/>306<br/>ORLANDO, FL 32832 US</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | Mailing Address<br><b>9435 MYRTLE CREEK LANE<br/>306<br/>ORLANDO, FL 32832 US</b>                                                       |                                                                   |
| 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><b>20-4062826</b><br>Applied For<br>Not Applicable                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>RAMOS, WANDA M<br/>9435 MYRTLE CREEK LANE<br/>306<br/>ORLANDO, FL 32832</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                         |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>RIVERA, RAFAELA<br>9435 MYRTLE CREEK #306<br>ORLANDO, FL 32832 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>RAMOS, WANDA M<br>9435 MYRTLE CREEK LANE #306<br>ORLANDO, FL 32832 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>RAMOS, JOSE W II<br>9435 MYRTLE CREEK LANE #306<br>ORLANDO, FL 32832 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>RAMOS, JOSE W<br>9435 MYRTLE CREEK LANE #306<br>ORLANDO, FL 32832 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | 4/1 407 925-9669                                                                                                                        |                                                                   |
| SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | Date Daytime Phone #                                                                                                                    |                                                                   |