2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L06000021135

Entity Name: TRAM GROUP, L.L.C.

Current Principal Place of Business:

100 NE 84 STREET
SUITE 200
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

100 NE 84 STREET
SUITE 200
MIAMI, FL 33138

New Mailing Address:

FEI Number: 06-1770019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDER, DAVID
100 NE 84 STREET
SUITE 200
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADANAC DEVELOPMENT +, CONST. SERVIC E S, INC.
Address: 100 NE 84 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete
Name: TRIGG, BRENDA
Address: 4745 NE MIAMI COURT
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: NHS HOUSING DEVELOPM, ENT LLC
Address: 181 NE 82 STREET
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Change (X) Addition
Name: MY TRUE VENTURE, LLC,
Address: 8842 EMERSON AVE
City-St-Zip: SURFSIDE, FL 33154

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: DAVID HARDER MGR 04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date