

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058299

Entity Name: RAM LLC

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

9200 BONITA BEACH RD., SUITE 211
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

9200 BONITA BEACH RD., SUITE 211
BONITA SPRINGS, FL 34135 US

New Mailing Address:

P.O.BOX 2847
BONITA SPRINGS, FL 34133 US

FEI Number: 20-5861588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPPAL, ANIL
1400 BLUE POINT AVE
UNIT 102
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

UPPAL, ANIL
9200 BONITA BEACH RD
211
BONITA SPRINGS, FL 34135 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:

04/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UPPAL, ANIL
Address: 1400 BLUE POINT AVE UNIT 102
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM () Delete
Name: CHANDOK, SURINDER
Address: 1400 BLUE POINT AVE UNIT 102
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UPPAL, ANIL
Address: P.O.BOX 2847
City-St-Zip: BONITA SPRINGS, FL 34133 US

Title: MGRM (X) Change () Addition
Name: CHANDOK, SURINDER
Address: P.O.BOX
City-St-Zip: BONITA SPRINGS, FL 34133 US

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: ANIL UPPAL

MGM

04/21/2007

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