

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087091

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: RAM FITNESS, LLC

**Current Principal Place of Business:**

305 BERWICK CT.  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 BERWICK CT.  
HEATHROW, FL 32746 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

RAMSEY, LISA C VP  
305 BERWICK CT  
HEATHROW, FL., FL 32746 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: LISA RAMSEY

08/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMSEY, LISA  
Address: 305 BERWICK CT.  
City-St-Zip: HEATHROW, FL 32746 US

Title: MGRM ( ) Delete  
Name: RAMSEY, ROBERT  
Address: 305 BERWICK CT.  
City-St-Zip: HEATHROW, FL 32746 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA RAMSEY

VP

08/20/2007

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