

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104158

Entity Name: ROBIN RAMPERSAD, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

4900 BIRCHSTONE LANE
ORLANDO, FL 32829

New Principal Place of Business:

3020 PALERMO CT
MOUNT DORA, FL 32757

Current Mailing Address:

PO BOX 780278
ORLANDO, FL 32878

New Mailing Address:

PO BOX 244
MOUNT DORA, FL 32756

FEI Number: 51-0608796 FEI Number Applied For () FEI Number Not Applicable () 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:

KAREN COPELAND AND ASSOCIATES, INC.
261 PLAZA DRIVE
SUITE A
OVIEDO, FL 32765 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: MGRM () Delete
Name: RAMPERSAD, ROBIN
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMPERSAD, ROBIN
Address: 3020 PALERMO CT
City-St-Zip: MOUNT DORA, FL 32757

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: ROBIN RAMPERSAD

MGRM

05/02/2007

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