


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90093 014 ***138.75

DOCUMENT # L07000014839	
1. Entity Name RAMSELL DINING, LLC	

Principal Place of Business 423 N. BOUNDARY STREET, SUITE 200 WILLIAMSBURG, VA 23185	Mailing Address 423 N. BOUNDARY STREET, SUITE 200 WILLIAMSBURG, VA 23185
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2. Principal Place of Business - No P.O. Box # 350 MCLAWS CIR.		3. Mailing Address 350 MCLAWS CIR.	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1	
City & State WILLIAMSBURG VA		City & State WILLIAMSBURG VA	
Zip 23185	Country USA	Zip 23185	Country USA

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 45 0550337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, EDMUND R C/O RAMSELL CAPITAL MANAGEMENT, INC. 2000 SOUTH BAYSHORE DRIVE, #40 MIAMI, FL 33133
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 A. E. Miller	DATE 1/21/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$438.75- After May 1, 2008 Fee will be \$638.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GEORGE E. MILLER 116 LONG POINT WILLIAMSBURG, VA. 23185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: A. E. Miller	DATE 1/21/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	