FILED
Mar 25, 2008 8:00 am
Secretary of State

02-08-2008 90095 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/8

30002770

01222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000014842

1. Entity Name
RAMSELL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
423 N. BOUNDARY STREET, SUITE 200 WILLIAMSBURG, VA 23185	423 N. BOUNDARY STREET, SUITE 200 WILLIAMSBURG, VA 23185

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
350 MCLAWS CIR	350 MCLAWS CIR
Suite, Apt. #, etc.: /	Suite, Apt. #, etc.: /
City & State: WILLIAMSBURG VA	City & State: WILLIAMSBURG VA
Zip: 23185 Country: USA	Zip: 23185 Country: USA

4. FEI Number: 45-0550339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE MILLER 116 LONG POINT WILLIAMSBURG VA 23185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEMBER MGR~~ ~~EDMUND R MILLER~~ ~~2000 S. BAYSHORE DR. #40~~ ~~COCONUT GROVE, FL 33133~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: G. R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #