

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126895

Entity Name: HABACUC RAMIREZ LLC

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

C/O ALLEN, 2748 BLOWING BREEZE WAY
ORLANDO, FL 32820

New Principal Place of Business:

C/O ALLEN, 5000 SE 39TH COURT
OCALA, FL 34480

Current Mailing Address:

C/O ALLEN, PO BOX 780158
ORLANDO, FL 32878

New Mailing Address:

C/O C&M, PO BOX 831463
OCALA, FL 34483 14

FEI Number: FEI Number Applied For (X) 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:

RAPP, BJ
7451 SADLER RD BOX 67
TANGERINE, FL 32777 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: RAMIREZ, HABACUC
Address: C/O ALLEN, PO BOX 780158
City-St-Zip: ORLANDO, FL 32878

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMIREZ, HABACUC
Address: C/O ALLEN, PO BOX 831463
City-St-Zip: OCALA, FL 34483 14

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: HABACUC RAMIREZ

MGRM

09/03/2008

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