

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089544

FILED
Jan 15, 2009
Secretary of State

Entity Name: RAM II, LLC

Current Principal Place of Business:

2200 SOUTH DIXIE HIGHWAY
704
MIAMI, FL 33133 US

New Principal Place of Business:

3006 AVIATION AVENUE
3A
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2200 SOUTH DIXIE HIGHWAY
704
MIAMI, FL 33133 US

New Mailing Address:

3006 AVIATION AVENUE
3A
COCONUT GROVE, FL 33133 US

FEI Number: 26-3418024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELBURNE, MICHELLE D
2960 WASHINGTON STREET
MIAMI, FL 33133 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: MGR () Delete
Name: SHELBURNE, MICHELLE D
Address: 2960 WASHINGTON STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGR () Delete
Name: PEREZ, ROSA E
Address: 10433 SW 80TH STREET
City-St-Zip: MIAMI, FL 33173 US

Title: MGR () Delete
Name: BERK, ANNIE
Address: 12640 SW 77AVENUE
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

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

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: MICHELLE D. SHELBURNE

MGR

01/15/2009

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