File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED STUZ LIMITED LIABILITY COMPANY A FLORIDA DEPARTMENT UF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 9911AY 10 PH 12: 06 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000457 1a. Principal Place of Business Address RAMTECH PRODUCTS, L.C. 201 8TH STREET SOUTH, SUITE 201 8TH STREET SOUTH, SUITE 200 NAPLES FL 34102 NAPLES FL 34102 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 38. State of Formation 06/16/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3338300 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žιρ Country ZiD Country \$8.75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BAKER, JOHN L IV 201 8TH STREET SOUTH, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 <del>800002874668</del> Suite, Apt. #, etc. -05/13/99--01112--020 \*\*\*\*1<del>286.75 \*\*\*\*188.7</del>4 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment). (NOTE: Boy Street Agent signature received when tend it: 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BAKER, JOHN L 5845 22ND AVENUE, S.W. NAPLES FL MGR BAKER, MARITZA H 5845 22ND AVENUE, S.W. NAPLES FL 1f I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 exequite to is report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address SIGNATURE: /

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