2001 UNIFORM BUSINESS REPORT (UBK)									
DOCUMENT # L9700000294  1. Entity Name RAMNARIAN L.C.						FILED			
Principal Place of Business Mailing Address						01 FEB 16 PM 3:38			
4616 HOLLYY	WOOD BLVD.	3596 TAMIAMI TRAIL. SUITE D PORT CHARLOTTE FL 33952				SECRETARY OF STATE TALLAHASSEE.FLORIDA			
	20	I O Mallina Address							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State .		City & State		4. FEI	Number 59-3431436	<del>                                     </del>	pplied For ot Applicable		
Zip	Country	Zip Country		ry	<b>5.</b> Cert	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current		<del></del>		7. Nan	7. Name and Address of New Registered Agent				
SAVARESE, CHARLES J III				Name					
3596 TAMIAMI TRAIL, SUITE D			ļ	Street Address (P.O. Box Number is Not Acceptable)					
PORT CF	IARLOTTE FL 33952			City	<b>□</b> Zip Code				
			City				FL Zip Coo		
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	d office or r	egistered agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered	Agent signature	e required when reinsta	ting) DA	TF.		
		Make Check Pay		EE IS \$5 Departm		·			
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	GES .	. 7	
TITLE	MGR	☐ Delete	TITLE	į		H. <u>1</u>	☐ Change	- V _udition	
NAME STREET ADORESS CITY-ST-ZIP	SAVARESE ENTERPRISES, LLC 3596 TAMIAMI TRIAL, SUITE D PORT CHARLOTTE FL 33952			T ADDRESS				95X ~	
TITLE NAME	MGR DELEGAC GROUP, LC	☐ Delete	TITLE		CEM		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3596 TAMIAMI TRAIL, SUITE D PORT CHARLOTTE FL 33952			T ADDRESS ST-ZIP	WEBBER 3596 TA	ASSOCIATES, L.C.	ite d		
TITLE	MGR -	☐ Delete	TITLE		MEMBER	AARLOTTE, FL 3	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BERNARD GROUP, LC 3596 TAMIAMI TRAIL, SUITE D PORT CHARLOTTE FL 33952		1	T ADDRESS	G. M.R. 1365 WOO	ENTERPRISES, LLC dlock R. AO			
TITLE	TOTT CHARLOTTE TE COORE	☐ Delete	TITLE		MY PURPS!	=~T, SC 29464	☐ Change	☐ Addition	
NAME AREET ADDRESS CATHEST-ZIP	`		NAME STREE CITY-	T ADDRESS		60000374	5646	8	
ZILE .		☐ Delete	TITLE	51-211		-02/21/01- ****50.0			
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE			/	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-S	T ADDRESS ST-ZIP		W			
11. I 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 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 of trusted empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Da									