2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000837

Entity Name: RAMNARAIN II, LLC

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8204 CRYSTAL CLEAR LANE 6220 S. ORANGE BLOSSOM TRAIL

SUITE 800 SUITE 517

ORLANDO, FL 32809 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8204 CRYSTAL CLEAR LANE 3195 TAMIAMI TRAIL

SUITE 800 SUITE 204

ORLANDO, FL 32809 PORT CHARLOTTE, FL 33952

FEI Number: 59-3517710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOSEPH MAHONEY JOSEPH MAHONEY

8204 CRYSTAL CLEAR LANE 6220 S. ORANGE BLOSSOM TRAIL

SUITE 800 SUITE 517

ORLANDO, FL 32809 US ORLANDO, FL 32809 US

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: 04/19/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 TYJUANON, LLC,
 Name:

 Address:
 8204 CRYSTAL CLEAR LANE, STE. 800
 Address:

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 WEBBER ASSOCIATES, L, C
 Name:

 Address:
 3195 TAMIAMI TRAIL, SUITE 204
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN E DELEGAL MGR 04/19/2005