

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005332

1. Entity Name
RAM MARINE LLC



Principal Place of Business
**C/O ELIOT C. ABBOTT
201 S. BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131**

Mailing Address
**2201 NW 72ND AVE
MIAMI, FL 33122**



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID, MARY ANN Y ESQ.
2333 BRICKELL AVE.
SUITE D-1
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ABBOTT, ELIOT C
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME PHILLIP RICHARD MILLER
STREET ADDRESS 2201 NORTHWEST 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33122

TITLE MGRM
NAME ROSEN, CLIFFORD
STREET ADDRESS 2333 BRICKELL AVENUE, SUITE D-1
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000841023
03/07/08-80017-020 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Philip Miller* MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Feb 25, 2008 (305) 592-3220

Date

Daytime Phone #