2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007819

1. Entity Name
RAMSAIL, LLC

Principal Place of Business	Mailing Address
803 LAKE VISTA CT. NAPLES, FL 34108	803 LAKE VISTA CT. NAPLES, FL 34108

03152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3616965
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HEUERMAN, PAUL K ESQUIRE
ROETZEL & ANDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103

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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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOYER, ROBERT A JR
STREET ADDRESS	803 LAKE VISTA CT.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MEM
NAME	CLARK, JOHN W
STREET ADDRESS	1005 MOEGLING
CITY-ST-ZIP	ASHLAND, KY 41101
TITLE	MEM
NAME	LOPEZ, JEFFREY P
STREET ADDRESS	1304 BATH AVENUE
CITY-ST-ZIP	ASHLAND, KY 41101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80016-013 50.00

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John W. Clark 4/9/05 606 232-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #