

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007819

Entity Name: RAMSAIL, LLC

FILED
Aug 01, 2006
Secretary of State

Current Principal Place of Business:

803 LAKE VISTA CT.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

803 LAKE VISTA CT.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3616965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOYER, ROBERT A JR
Address: 803 LAKE VISTA CT.
City-St-Zip: NAPLES, FL 34108

Title: MEM (X) Delete
Name: CLARK, JOHN W
Address: 1005 MOEGLING
City-St-Zip: ASHLAND, KY 41101

Title: MEM (X) Delete
Name: LOPEZ, JEFFREY P
Address: 1304 BATH AVENUE
City-St-Zip: ASHLAND, KY 41101

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT A. MOYER, JR.

MGRM

08/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date