

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:29

DOCUMENT # M02000000142					
1. Entity Name RAM PARTNERS, LLC					
Principal Place of Business 3625 CUMBERLAND BLVD SUITE 440 ATLANTA, GA 30339			Mailing Address 3625 CUMBERLAND BLVD SUITE 440 ATLANTA, GA 30339		
2. Principal Place of Business		3. Mailing Address		 03072008 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2658504	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESEMAN, WILLIAM F 3625 CUMBERLAND BLVD, SUITE 440 ATLANTA, GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Slutzky, Adam L 3625 Cumberland Blvd, Suite 440 Atlanta, GA 30339 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, ROBERT E 3625 CUMBERLAND BLVD, SUITE 440 ATLANTA, GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800070794398 04/18/06--01032--011 **55.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, MARTHA J 3625 CUMBERLAND BLVD, SUITE 440 ATLANTA, GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDNER, BRENDA R 3625 CUMBERLAND BLVD, SUITE 440 ATLANTA, GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 				3-30-06	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	