

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003231

FILED
May 01, 2007
Secretary of State

Entity Name: RAVEL GROUP LLC

Current Principal Place of Business:

1 GROVE ISLE DRIVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1 GROVE ISLE DRIVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 01-0756644 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:

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHORE, HERBERT A
Address: 1 GROVE ISLE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: SHORE, HERBERT ALLAN
Address: 1 GROVE ISLE DR.
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: SHORE, MARK
Address: 1 GROVE ISLE DR.
City-St-Zip: MIAMI, FL 33131

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 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: H. ALLAN SHORE

MGR

05/01/2007

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