

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000002529

1. Entity Name
RAMPART ENTERPRISES LLC



Principal Place of Business
**224 FELLOW STREET
SOUTH PORTLAND, ME 04106**

Mailing Address
**224 FELLOW STREET
SOUTH PORTLAND, ME 04106**



01072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0687608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENDRY, DONALD S
3229 QUEEN PALM DR.
EDGEWATER, FL 32132**

**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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIBSON, DOREEN M
224 FELLOW STREET
SOUTH PORTLAND, ME 04106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIBSON, TOM
224 FELLOW STREET
SOUTH PORTLAND, ME 04106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000418980
02/14/06-80029-004 50.00

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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:

Doreen Gibson