## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000003506

Name:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL RAM ASSOCIATES, L.C.

11044 RESEARCH BLVD., SUITE D-200

AUSTIN, TX 78759

FILED Jan 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ORLANDO INTERNATIONAL AIRPORT 9277-A AIRPORT BLVD. ORLANDO, FL 32827 **Current Mailing Address: New Mailing Address:** 11044 RESEARCH BLVD. 3500 COMSOUTH DR. SUITE D-200 AUSTIN, TX 78744 AUSTIN, TX 78759 FEI Number: 74-2992607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MASHBURN, CHRIS Name: Name: 11044 RESEARCH BLVD., SUITE D-200 Address: Address: City-St-Zip: AUSTIN, TX 78759 City-St-Zip: Title: MMGR () Delete Title: () Change () Addition Name: CONKLIN, SHANNON Name: Address: 11044 RESEARCH BLVD., SUITE D-200 Address: City-St-Zip: AUSTIN, TX 78759 City-St-Zip: Title: MMGR () Delete Title: () Change () Addition CUNNINGHAM, RON Name: Name: 11044 RESEARCH BLVD., SUITE D-200 Address: Address: City-St-Zip: AUSTIN, TX 78759 City-St-Zip: ( ) Delete Title: MMGR Title: () Change () Addition HALL, GARY

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRIS MASHBURN 01/22/2009