

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005360

Entity Name: RAM INVESTMENTS, LLC

**FILED**  
**May 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1999-B BROWNSBORO ROAD  
LOUISVILLE, KY 40206

**New Principal Place of Business:**

110 WEST MAIN STREET  
SUITE 200  
LOUISVILLE, KY 40202

**Current Mailing Address:**

1999-B BROWNSBORO ROAD  
LOUISVILLE, KY 40206

**New Mailing Address:**

PO BOX 7449  
LOUISVILLE, KY 402570449

FEI Number: 20-2424525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: ROTH, JAMES J JR  
Address: 1999-B BROWNSBORO ROAD  
City-St-Zip: LOUISVILLE, KY 40206

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROTH, JAMES J JR  
Address: 110 WEST MAIN STREET SUITE 200  
City-St-Zip: LOUISVILLE, KY 40202

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: JOHN W HAMPTON

CFO

05/03/2007

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