


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # A0400000725
1. Entry Name
RAYFAS LIMITED LLLP



Principal Place of Business
4221 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

Mailing Address
P.O. BOX 56554
JACKSONVILLE, FL 32241-6554

DO NOT WRITE IN THIS SPACE



01292006 No Chg-LP CR2E003 (11/05)

4. FEI Number
90-0177880 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OUREDNIK, KAREL IV, ESQ.
C/O OUREDNIK LAW OFFICES, P.A.
4925 BEACH BLVD.
JACKSONVILLE, FL 32207

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 _____ DATE 05/09/06-80071-021 500.00

Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	SAMIAN, MOHAMAD R TRUSTEE
STREET ADDRESS	4221 SOUTHPOINT PARKWAY
CITY - ST - ZIP	JACKSONVILLE, FL 32216
DOCUMENT #	
NAME	SAMIAN, FARIBA G TRUSTEE
STREET ADDRESS	4221 SOUTHPOINT PARKWAY
CITY - ST - ZIP	JACKSONVILLE, FL 32216
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: MR. SAMIAN 3-1-06 904 651-4017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #