



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # A0400000725	
1. Entity Name RAYFAS LIMITED LLLP	

Principal Place of Business 4221 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	Mailing Address P.O. BOX 56554 JACKSONVILLE, FL 32241-6554
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DO NOT WRITE IN THIS SPACE

	
02052007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 90-0177880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 STREET ADDRESS CITY-ST-ZIP	SAMIAN, MOHAMAD R TRUSTEE 4221 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SAMIAN, FARIBA G TRUSTEE 4221 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216
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UDD000715423
 04/27/07-80065-002 500.00

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: M. Perez Samian 4-16-07 904-296-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #