2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A04000000725

1. Entity Name
RAYFAS LIMITED LLLP

Principal Place of Business	Mailing Address
4221 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	P.O. BOX 56554 JACKSONVILLE, FL 32241-6554

01082008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
625-A Ponte Vedra Blvd.	P.O. Box 550756
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State: Jacksonville, FL
Zip: 32082 Country: USA	Zip: 32255-0756 Country: USA

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	7. Name and Address of New Registered Agent
OUREDNIK, KAREL IV,ESQ. C/O OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD. JACKSONVILLE, FL 32207	Name: Karel Ourednik IV, Esquire Street Address (P.O. Box Number is Not Acceptable): Ourednik Law Offices, P.A. 5000 Sawgrass Village Circle Suite 6 City: Ponte Vedra Beach FL Zip Code: 32082

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] 1-29-2008
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	SAMIIAN, MOHAMAD R TRUSTEE		
STREET ADDRESS	4221 SOUTHPOINT PARKWAY	CITY-ST-ZIP	700127238737 04/30/08--01010--005 **500.00
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
NAME	SAMIIAN, FARIBA G TRUSTEE		
STREET ADDRESS	4221 SOUTHPOINT PARKWAY	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
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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: [signature] 1-29-2008 904-296-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #