

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90989 040 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000004542 1. Entity Name RYLAND VENTURES II, INC.					
Principal Place of Business ATTN: SHERI L. MARKHAM 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302			Mailing Address 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2243024	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLSON, LARRY 605 E ROBINSON ST. SUITE 750 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Larry T. Nicholson 3030 N. Rocky Point Drive West, #350 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRITY, JOHN M 2536 COUNTRYSIDE BLVD., SUITE 250 CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRITTON, HARRIET A 24025 PRK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please See Attached	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWE, CATHEY S 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	for Additional Officers	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GECKLE, TIMOTHY J 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKHAM, SHERI L 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Harriet A. Britton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>(818) 223-7538</i> <small>Daytime Phone #</small>		

ATTACHMENT
14015511

RYLAND VENTURES II, INC.

Document # F00000004542
Federal Identification No.: 52-2243024

List of additional Officers:

Assistant Secretary	Andrea L. Riordan	24025 Park Sorrento, Suite 400 Calabasas, CA 91302
Assistant Treasurer	René L. Mentch	24025 Park Sorrento, Suite 400 Calabasas, CA 91302