

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 007 ***150.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 52-2243024	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD NICHOLSON, LARRY T 3030 N ROCKY POINT DRIVE W, #350 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicholson, Larry T. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NESLON, KIM 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bass, Keith E. 3080 North Rocky Point Drive West, Suite 350 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GECKLE, TIMOTHY J 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Riordan, Andrea L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKHAM, SHERI L 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Mentch, Rene L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNE, GORDON A 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/30/08 Daytime Phone # _____		