

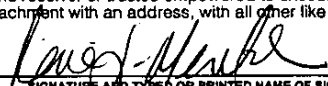


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 032 ***150.00

DOCUMENT # F07000002631 1. Entity Name RYLAND ORGANIZATION COMPANY					
Principal Place of Business 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		City & State		4. FEI Number 95-4868586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				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 reissuing) 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	PCFO MILNE, GORDON A 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Andrea L. Riordan 24025 Park Sorrento, Suite 400 Calabasas, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNE, GORDON A 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT René L. Mantch 24025 Park Sorrento, Suite 400 Calabasas, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GECKLE, TIMOTHY J 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Kim Nelson 24025 Park Sorrento, Suite 400 Calabasas, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELDER, ERIC E 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, JENNIFER H 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKHAM, SHERI L 24025 PARK SORRENTO #400 CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 				Date 4-30-08 Daytime Phone # (818) 223-7538	