

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # L000000015781

1. Entity Name

RAYAN DEVELOPMENTS, LLC.

01 APR 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1515 Ringling Blvd., Ste 1000 1515 Ringling Blvd. Ste 1000
Sarasota, FL 34235 Sarasota, FL 34236

2. Principal Place of Business
607 Spur Street

3. Mailing Address
Holly Cottage

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16 Talbots Drive

City & State

City & State

Venice, FL

Maidenhead, Berks

Zip

Country

Zip

Country

34292

USA

SL64LZ

ENGLAND

4. FEI Number
65-6361183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Donald W. Beyers
101 Inlet Boulevard
Nokomis, FL 34225

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004033494--4
-04/19/01--01098--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME Raymond J. Wilson MGRM
STREET ADDRESS c/o 1515 Ringling Blvd. Ste. 1000
CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Anne W. Wilson Member
STREET ADDRESS c/o 1515 Ringling Blvd. Ste. 1000
CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

MGRM

03/09/01

44-1628-783070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #