

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015781

Entity Name: RAYAN DEVELOPMENTS, LLC

FILED  
Feb 05, 2008  
Secretary of State

## Current Principal Place of Business:

607 SPUR ST.  
VENICETA, FL 34292 XX

## New Principal Place of Business:

607 SPUR ST.  
VENICE, FL 34292 XX

## Current Mailing Address:

HOLLYCOTTAGE 16 TALBOTS DR  
MAIDENHEAD BERKA ENGLAND  
SL64LZ, XX

## New Mailing Address:

186 INLETS BOULEVARD  
NOKOMIS, FL 34275 XX

FEI Number: 65-6361183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYERS, DONALD W  
101 INLETS BLVD.  
NOKOMIS, FL 34225 US

## Name and Address of New Registered Agent:

BYERS, DONALD W  
188 INLETS BLVD.  
NOKOMIS, FL 34275 US

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:

02/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILSON, RAYMOND J  
Address: 1515 RINGLING BLVD., STE. 1000  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: WILSON, ANNE W  
Address: 1515 RINGLING BLVD., STE. 1000  
City-St-Zip: SARASOTA, FL 34236

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND J WILSON

MR

02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date