

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90037 042 \*\*\*\*50.00

**DOCUMENT # L04000032735**

1. Entity Name  
**RYDER INVESTMENTS, LLC**



Principal Place of Business  
**1508 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**1508 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301 US**

2. Principal Place of Business - No P.O. Box #  
**215W 21 Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**215W 21 Rd**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**  
Zip  
**USA**

City & State  
**Miami, FL**  
Zip  
**33129**  
Country  
**USA**

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**14-1917064**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RYDER, WILLIAM  
1508 CHINA GROVE TRAIL  
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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RYDER, WILLIAM  
1508 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
REY, KATHERINE V  
21 SW 21 ROAD  
MIAMI, FL 33129** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 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:** *Katherine Rey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/24/07 305-525-0187*  
Date Daytime Phone #