

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90062 045 \*\*\*138.75

<b>DOCUMENT # L04000033013</b> 1. Entity Name RYFAS I, LLC			
Principal Place of Business 4221 SOUTHPPOINT PKWY JACKSONVILLE, FL 32216		Mailing Address P.O. BOX 56554 JACKSONVILLE, FL 32241-6554	
2. Principal Place of Business - No P.O. Box # 1225-A Ponte Vedra Blvd.		3. Mailing Address P.O. Box 556756	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State Jacksonville, FL	
Zip 32082		Zip 32255-0784	
Country USA		Country USA	
4. FEI Number 80-0109124		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  OUREDNIK, KAREL IV, ESQ C/O, OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD. JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent  Name: Karel Ourednik IV, Esquire Street Address (P.O. Box Number is Not Acceptable): Ourednik Law Offices, P.A. 5000. Sawgrass Village Circle Ste. 6 City: Ponte Vedra Beach FL Zip Code: 32082	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 1-29-2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYFAS LIMITED LLLP 4221 SOUTHPPOINT PKWY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 1-29-2008 DAYTIME PHONE #: 904 296-2810	