



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90023 031 ****50.00

DOCUMENT # L04000038702					
1. Entity Name RYFAS II, LLC					
Principal Place of Business P.O. BOX 56554 JACKSONVILLE, FL 32241-6554			Mailing Address P.O. BOX 56554 JACKSONVILLE, FL 32241-6554		
2. Principal Place of Business 4221 Southpoint Pkwy. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		04052005 Chg-LLC CR2E083 (10/03)	
Zip 32216 Country USA		Zip Country		4. FEI Number 06-1727152	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OUREDNIK, KAREL IV, ESQ. OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD. JACKSONVILLE, FL 32207			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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAYFAS LIMITED LLLP 4221 Southpoint Prwy. Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <i>M. S. S. S. S.</i> MGR, RAYFAS LIMITED LLLP April 13, 2005 (904) 296-2810					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	