2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000038702

1. Entity Name
RYFAS II, LLC

40068584

Principal Place of Business	Mailing Address
4221 SOUTHPOINT PKWY.	P.O. BOX 56554
JACKSONVILLE, FL 32216	JACKSONVILLE, FL 32241-6554

DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
06-1727152	Not Applicable

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

6. Name and Address of Current Registered Agent

OUREDNIK, KAREL IV, ESQ.
OUREDNIK LAW OFFICES, P.A.
4925 BEACH BLVD.
JACKSONVILLE, FL 32207

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RAYFAS LIMITED LLLP
STREET ADDRESS	4221 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   M. Reza Sanirian 4-6-07   904-296-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #