


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90062 047 \*\*\*138.75

<b>DOCUMENT # L04000038703</b>	
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<b>1. Entity Name</b> RYFAS III, LLC	<b>Principal Place of Business</b> 4221 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<b>Mailing Address</b> P.O. BOX 56554 JACKSONVILLE, FL 32241-6554
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<b>2. Principal Place of Business - No P.O. Box #</b> 1025-A Ponte Vedra Blvd.	<b>3. Mailing Address</b> P.O. Box 550786
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

<b>City &amp; State</b> Ponte Vedra Beach, FL	<b>City &amp; State</b> Jacksonville, FL
<b>Zip</b> 32082	<b>Zip</b> 32255-0786
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 06-1727153	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> OUREDNIK, KAREL IV, ESQ. C/O OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD. JACKSONVILLE, FL 32207	<b>7. Name and Address of New Registered Agent</b> Name: Karel Ourednik, IV Esquire Street Address (P.O. Box Number is Not Acceptable): Ourednik Law Offices, P.A. 5000 Sawgrass Village Circle Suite 6 City: Ponte Vedra Beach FL 32082
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<b>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.</b>
<b>SIGNATURE</b>  <b>1-29-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> RAYFAS LIMITED LLLP		<b>NAME</b>	
<b>STREET ADDRESS</b> 4221 SOUTHPOINT PARKWAY		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>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.</b>
<b>SIGNATURE:</b>  <b>1-29-2008 904 296-2810</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>