

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90048 049 ****50.00

DOCUMENT # L04000045394			
1. Entity Name RYAN PROPERTIES LLC			
Principal Place of Business 10745 LOCUST STREET PALM BEACH GARDENS, FL 33418		Mailing Address 10745 LOCUST STREET PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 1860 Old Kuchel Road		3. Mailing Address	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33409	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MARKS, STEVEN C 10745 LOCUST STREET PALM BEACH GARDENS, FL 33418		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 September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, STEVEN C 10745 LOCUST STREET PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENSICO TC CUSTODIAN FBO STEVEN C MARKS IRA 450 SANSOME STREET SAN FRANCISCO, CA 94113306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, SHELLEY R 10745 LOCUST STREET PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRISSON, STAN 417 N.W. 97TH AVENUE PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 _____

Stan Crisson 5/1/05 *Member*