

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90062 043 ***138.75

DOCUMENT # L04000058419

1. Entity Name
RYFAS VII, 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 #

Suite, Apt. #, etc.

Mailing Address

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Jacksonville, FL

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0729498

Applied For
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 BOULEVARD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
Karel Ourednik, III, Esquire
Street Address (P.O. Box Number is Not Acceptable)
Ourednik Law Offices, P.A.
5000 Sawgrass Village Circle St. 6
City
Ponte Vedra Beach, FL 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 *[Signature]*

1-29-2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAYFAS LIMITED LLLP
4221 SOUTHPPOINT PKWY
JACKSONVILLE, FL 32216 ☐ Delete

10. ADDITIONS/CHANGES

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
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 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: *[Signature]*

1-29-2008 904-2962810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #