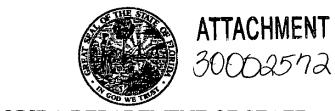
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L05000052618** 1. Entity Name 02-27-2006 90416 022 \*\*\*\*50.00 RYAM, L.L.C. Principal Place of Business Mailing Address **6849 WEST CALUMET CIRCLE 6849 WEST CALUMET CIRCLE** LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 43-2082984 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COX, JACK S Street Address (P.O. Box Number is Not Acceptable) 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 City 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 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, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TET E ☐ Delete Change ☐ Addition MAYR, EDWARD NAME NAME 6849 WEST CALUMET CIRCLE STREET ADORESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 discovery or pastee empowered to execute this report as required by Chapter 608, Florida Statutes. 3/10/06 (561) 722-0931 SIGNATURE

FILED

Mar 16, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 2, 2006

RYAM, L.L.C. 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467

Subject: RYAM, L.L.C.

Reference Number:

L05000052618

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION

RTS SECTION

Block 4 completed

as: requested