2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90065 004 ***138.75

DOCUMENT # L05000057028

1. Entity Name
RYS MANAGEMENT GROUP, LLC

Principal Place of Business
13571 SW 135 AVE
SUITE 207
MIAMI FL 33186

Mailing Address
13571 SW 135 AVE
SUITE 207
MIAMI FL 33186

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 43-2083612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARRANAGA, ROBERTO
4000 CRANDON BLVD.
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
Name ROBERTO ARRANAGA
Street Address (P.O. Box Number is Not Acceptable)
15401 SW 289 TERR
City HOMESTEAD FL Zip Code 33033

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

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		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRANAGA, ROBERTO 4000 CRANDON BLVD. KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRANAGA, ROBERTO 15401 SW 289 TERR HOMESTEAD FL 33033	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRANAGA, SONIA 4000 CRANDON BLVD. KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRANAGA, SONIA 15401 SW 289 TERR HOMESTEAD FL 33033	☒ 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
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 exemptions contained in Section 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: ROBERTO ARRANAGA 02/05/08 (305) 254-3508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #