2006 LIMITED LIABILITY COMPANY

m .Ca

SIGNATURE AND TYPED OR PRINTED HAME OF BIGIGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Secretary of State ANNUAL REPORT DOCUMENT #L05000072705 05-02-2006 90029 039 ****50.00 1. Entity Name RYFAS VIII, LLC Principal Place of Business Mailing Address 30010509 P.O. BOX 56554 P.O. BOX 56554 JACKSONVILLE, FL 32241-6554 JACKSONVILLE, FL 32241-6554 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-LLC CR2E083 (11/05) 4. FEI Number 87-0752 City & State City & State Applied For 28 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OUREDNIK, KAREL IV. ESQ C/O OUREDNIK LAW OFFICES, P.A. Street Address (P.O. Box Number is Not Acceptable) 4925 BEACH BLVD. JACKSONVILLE, FL FL322-07 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 Spreame, typed or presed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 TITLE MGR TITLE Delete Change 3 Addition NAME NAME RAYFAS LIMITED LLLP STREET ADDRESS STREET ADDRESS 4221 SOUTHPOINT PARKWAY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32216 MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME HALLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition MARK MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 71Tt.E Delete TER S. ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Addition NUME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZUP CRY-ST-ZIP TITLE D Delete TITLE Change ■ Addition NAME NUMB STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Jun 15, 2006 8:00 am

904 651-4017

3-1-06

0110

5/,