
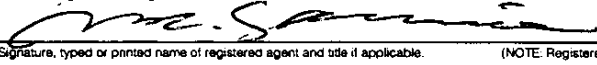
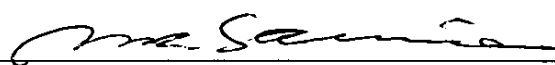


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90062 044 \*\*\*138.75

<b>DOCUMENT # L05000072705</b> 1. Entity Name <b>RYFAS VIII, LLC</b>			
Principal Place of Business <b>P.O. BOX 56554</b> <b>JACKSONVILLE, FL 32241-6554</b>		Mailing Address <b>P.O. BOX 56554</b> <b>JACKSONVILLE, FL 32241-6554</b>	
2. Principal Place of Business - No P.O. Box # <b>625-A Ponte Vedra Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 550756</b> Suite, Apt. #, etc.	
City & State <b>Ponte Vedra Beach, FL</b> Zip <b>32082</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32255-0756</b> Country <b>USA</b>	
4. FEI Number <b>87-0752128</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		01082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>OUREDNIK, KAREL IV, ESQ</b> <b>C/O OUREDNIK LAW OFFICES, P.A.</b> <b>4925 BEACH BLVD.</b> <b>JACKSONVILLE, FL FL322-07</b>		7. Name and Address of New Registered Agent  Name <b>Karel Ourednik IV Esquire</b> Street Address (P.O. Box Number is Not Accepted) <b>Ourednik Law Offices P.A.</b> <b>5000 Sawgrass Village Circle Suite 6</b> City <b>Ponte Vedra Beach</b> FL <b>32082</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1-29-2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RAYFAS LIMITED LLLP</b> <b>4221 SOUTHPOINT PKWY</b> <b>JACKSONVILLE, FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>1-29-2008</b> <b>904 296-2810</b> <small>Daytime Phone #</small>	