


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078873	
1. Entity Name RYAN L.L.C.	

Principal Place of Business 126 ST. JAMES ST. PANACEA, FL 32346	Mailing Address PO BOX 303 PANACEA, FL 32346
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 SEP -2 PM 1:45
TALLAHASSEE, FLORIDA



09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 41-2211546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GWIN, RYAN P 126 ST. JAMES ST. PANACEA, FL 32346	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GWIN, RYAN P 126 ST. JAMES ST. PANACEA, FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900135372218 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/04/08--01036--001 **138.75
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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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: <u>X Ryan P. Gwin</u>	9/2/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			