

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90092 025 \*\*\*\*55.00

**DOCUMENT # L97000001023**

1. Entity Name  
**RYMA, L.C.**



Principal Place of Business  
**1901 ULMERTON ROAD, SUITE 700  
CLEARWATER FL 33762**

Mailing Address  
**1901 ULMERTON ROAD, SUITE 700  
CLEARWATER FL 33762**

44002001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3459551**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, CHARLES A  
BARNETT BOLT KIRKWOOD & LONG  
601 BAYSHORE BLVD STE 700  
TAMPA FL 33608**

Name **ANGELA F. NORTH**

Street Address (P.O. Box Number is Not Acceptable)

**1901 ULMERTON ROAD, SUITE 700**

City

**CLEARWATER**

**FL**

Zip Code

**33762**

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

*Charles A. Carlson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
MARKEL, GARY L  
9700 - 9TH STREET NORTH - STE. 400  
ST. PETERSBURG FL 33702**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
NORTH, ANGELA  
1901 ULMERTON ROAD, SUITE 700  
CLEARWATER FL 33762**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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**MGRM  
MARKEL, GARY L  
1901 ULMERTON ROAD, SUITE 700  
CLEARWATER FL 33762**

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Angela F. North*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/20/03**

Date

Daytime Phone #

CR2E083 (10/02)