File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
$ 188.75	**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000000015

A. RYMA, L.L.C.
P.O. BOX 1472
LONGWOOD FL 32752-1472

1a. Principal Place of Business Address
P.O. BOX 1472
LONGWOOD FL 32752

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
114 CLOVER LN.	P.O. BOX 1472	01/05/1998	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State: LONGWOOD, FL.	City & State: LONGWOOD, FL	59 34 88 791	☐ Not Applicable
Zip: 32750 Country: SEMINOLE	Zip: 32752-1472 Country: SEMINOLE	5. Date of Last Report	6. Certificate of Status Desired: $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CORPORATE CREATIONS , ENTERPRISES IN 4521 PGA BOULEVARD, #211 PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) 600100285888 26-- Suite, Apt. #, etc -04/30/99--01104--023 ****197.50 ****197.50 City: FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 2-18-99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required if Box 8 is filled)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	RYAN, SUSAN	P.O. BOX 1472 N/A	LONGWOOD FL
MBR.	CHARLES GOWEN	~~P.O. Box 1472~~ 360 E. Hwy. 434, W	WINTER SPRINGS, FL. 32708
MBR.	CHARLES A MASON	P.O. Box 1472 / OR: 150 S. FRANKLIN AVE,	LONGWOOD, FL 32752-1472 BERLIN, NJ. 08009

11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ CHARLES GOWEN 1-18-99 407-221-1075 ~~407-834-8066~~
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ABOVE DATE DAYTIME PHONE #

INHSE10 R (12-98)