	D LIABILITY COMPANY	Kat	LORIDA DEPARTMENT OF STATE Katherine Harris			FILED				
,	1999		oretary of OF CORF	State PORATIONS		00 KPR 29 PH 5: 00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						. С	SUCREMARY CE SYADE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002985										
RYSCHIL ACQUISITION, LLC 3361 S.W. THIRD AVENUE MIAMI FL 33145						3361 S	1a. Principal Place of Business Address 3361 S.W. THIRD AVENUE MIAMI FL 33145			
Principal Place of Business 2a. Mailin			ng Address			3. Date Organ	zed or Qualified	3a. State	of Formation	
Suite, Apt. #, etc. Suite, Apt.			t. #, etc.			12/03/		FL		
						4. FEI Number	Applied For		Applied For	
City & State City & S		tate			5 Date of Last	5. Date of Last Report		Not Applicable 6. Certificate of Status Desired		
Zip	Country Zip		Country		'y	0 , 50,00 treas	Tioport	S8 75 Additional Fee Required		
	7. Name and Address of Cur	rent Registered	1 Agent		Name	8. Name and Addre	ss of New Regis	tered Agent	/Office	
its register	int to the provisions of Sections 608. red office or registered agent, or both, red agent, and accept the obligations	in the State of Flo	3, Florida Stat orida. Such ch	utes, the al ange was a	Suite, Apt. # City oove-named lir uthorized by aff	nited liability company	FL submits this state rity of the member	Zip Code ement for the 's. I hereby ac	purpose of changing coupt the appointment	
SIGNATU	RE (Registered Agent Acce	pling Appointment) ((NOTE Registered	Ageril signatur	e required when re-r	statingt	DATE			
10. Title	Title Managing Members/Managers			Business Street Address			City, State and Zip Code			
MGR	SILVERSTEIN, BEBER		3361	3361 S.W. THIRD		AVENUE	IMAIM	[FL		
MGR	PARTNERS ADVERTISING,		3361	3361 S.W. T		THIRD AVENUE		MIAMI FL		
					90002865845 -05/06/9901037- ****188.75 ****			5 849 01097020 ****188.75		
indicated of limited liab	reby certify that the information supplies this annual report is true and accumility company or the receiver or trustent with an address.	rate and that my	signature sha	III have the	same legal effe	ect as if made under oa	ith; that I am a ma	inaging mem	ber or manager of the	

SIGNATURE AND TYP U OR PRINTED NAME OF SCHOOL MANAGING MEMBER ON MANAGEN

SIGNATURE:

4 26.99 558569800 Doc Loyane Proces