

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90404 002 \*\*\*138.75

60012099



01162008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L99000001930</b>					
1. Entity Name RAS F PROPERTIES, LLC					
Principal Place of Business 1050 NW 15 STREET, SUITE 212A BOCA RATON, FL 33486			Mailing Address 1050 NW 15 STREET, SUITE 212A BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0919387	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARDO, IRA 1050 NW 15 STREET, SUITE 212A BOCA RATON, FL 33486			Name <u>Annette Tarquinio</u> Street Address (P.O. Box Number is Not Acceptable) <u>11053 NW 76th Dr</u> City <u>Coral Springs</u> FL Zip Code <u>33076</u>		
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 <u>Annette Tarquinio</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARDO, IRA		NAME		
STREET ADDRESS	1050 NW 15 STREET, SUITE 212A		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSTOT, JOSEPH Z		NAME		
STREET ADDRESS	1050 NW 15 STREET, SUITE 212A		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACA, SHAWN		NAME		
STREET ADDRESS	1050 NW 15 STREET, SUITE 212A		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBOUKREK, DAVID		NAME		
STREET ADDRESS	1050 NW 15 STREET, SUITE 212A		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>2/29/08</u> <small>Date Daytime Phone #</small>		