



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M07000006353 1. Entity Name THE RYAN GROUP II, LLC |  |
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|---|---|
| Principal Place of Business 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607 | Mailing Address 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607 |
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 26-1273531 | 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

**STROHAUER, GARY N
1150 CLEVELAND STREET, SUITE 300
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

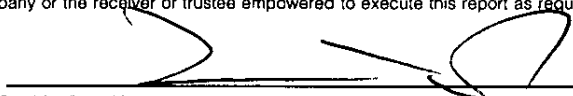
9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RYAN, JOHN M 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607 |
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U00000936772
05/27/08-80024-003 138.75

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:  **04/29/08 813-288-8078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #