

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001761****1. Entity Name**
RAY DISTRIBUTING COMPANY, L.L.C.

Principal Place of Business 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256	Mailing Address 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256
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2. Principal Place of Business 7014 A.C. SKINNER PARKWAY	3. Mailing Address 7014 A.C. SKINNER PARKWAY
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Suite, Apt. #, etc. SUITE 290	Suite, Apt. #, etc. SUITE 290
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32256	Country	Zip 32256	Country
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4. FEI Number 59-3676712	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFRANCIS JAMES D
7014 A.C. SKINNER PARKWAY, SUITE 290

JACKSONVILLE FL 32256 US**7. Name and Address of New Registered Agent**

Name FRANCIS JAMES D
Street Address (P.O. Box Number is Not Acceptable) 7014 A.C. SKINNER PARKWAY
SUITE 290
City JACKSONVILLE FL Zip Code 32256

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.**SIGNATURE JAMES D. FRANCIS****04/23/2001**

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 Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY DISTRIBUTING COMPANY 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: AUBREY LEDGE****P****04/23/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)