
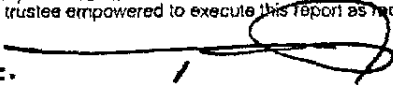


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

\$500.00 **FILED** DEPARTMENT OF REVENUE
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A29775					
1. Entity Name RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD.					
Principal Place of Business 300 RASBERRY ROAD CRESTVIEW, FL 32536			Mailing Address 300 RASBERRY ROAD CRESTVIEW, FL 32536		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01302006 Chg-LP CR2E003 (11/05) 59-2679850			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAY, TIMOTHY E 300 RASBERRY ROAD CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	RAY, TIMOTHY E		STREET ADDRESS		
NAME	300 RASBERRY ROAD		CITY-ST-ZIP		
STREET ADDRESS	CRESTVIEW, FL 32536				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	U000000451157	
NAME			CITY-ST-ZIP	03/10/06-80040-017 500.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership; or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:  Timothy E. Ray			2-21-06 850-682-5839		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		