



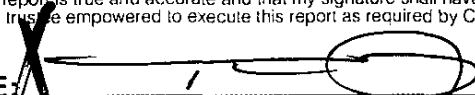
\$500.00 to: FLORIDA
DEPARTMENT of STATE
by APRIL 30th
FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192007 Chg-LP CR2E003 (12/06)

DOCUMENT # A29775 1. Entity Name RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD.				<i>by APR 30 11</i> FILED 2007 APR -3 AM 11:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 300 RASBERRY ROAD CRESTVIEW, FL 32536		Mailing Address 300 RASBERRY ROAD CRESTVIEW, FL 32536		02192007 Chg-LP CR2E003 (12/06)	
2. Principal Place of Business - No P.O. Box # 143 CONQUEST AVE Suite, Apt. #, etc.		3. Mailing Address 143 CONQUEST AVE Suite, Apt. #, etc.		4. FEI Number 59-2679850 Applied For Not Applicable	
City & State CRESTVIEW, FL Zip Country		City & State CRESTVIEW, FL Zip Country		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) 143 CONQUEST AVE 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, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	RAY, TIMOTHY E 300 RASBERRY ROAD CRESTVIEW, FL 32536			STREET ADDRESS CITY - ST - ZIP	143 CONQUEST AVE
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP	400095163804 04/09/07--01005--014 **500.00
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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: 				3/27/07 850-682-583 Date Daytime Phone #	