


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

\$500 to: FLORIDA DEPT. of STATE by April 30th

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

| | | |
|---|--|---|
| DOCUMENT # A29775 | |  |
| 1. Entity Name RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD. | | |

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|---|---|
| Principal Place of Business 143 CONQUEST AVENUE CRESTVIEW, FL 32536 | Mailing Address 143 CONQUEST AVENUE CRESTVIEW, FL 32536 |
|---|---|

| | |
|--|------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 225 YACHT CLUB DR NE | 3. Mailing Address P.O. BOX 117 |
|--|------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------------------------------|------------------------------|
| City & State FORT WALTON BEACH FL | City & State CRESTVIEW FL |
|--------------------------------------|------------------------------|

| | | | |
|--------------|---------|-------------------|---------|
| Zip 32548 | Country | Zip 32536-0117 | Country |
|--------------|---------|-------------------|---------|



03152008 Chg-LP CR2E003 (12/06)

| | |
|-----------------------------|--|
| 4. FEI Number 59-2679850 | Applied For <input type="checkbox"/> 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 143 CONQUEST AVE CRESTVIEW, FL 32536 | |

| | |
|--|-------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 225 YACHT CLUB DR NE | |
| City FORT WALTON BEACH FL | Zip Code 32548 |

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

100123961711
 04/18/08--01008--005 **500.00

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 | |
|---------------------------------|---------------------|
| DOCUMENT # | RAY, TIMOTHY E |
| NAME | 143 CONQUEST AVENUE |
| STREET ADDRESS | CRESTVIEW, FL 32536 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------------------------|
| STREET ADDRESS | 225 YACHT CLUB DR NE |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 |
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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* 4-14-08 850-796-2843
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE