

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90244 041 ****50.00

DOCUMENT # L00000012097					
1. Entity Name JAMES E. RAY ENTERPRISES, LLC					
Principal Place of Business 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459			Mailing Address 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 163 Gulf Shore Dr. Suite, Apt. #, etc.		3. Mailing Address 163 Gulf Shore Dr. Suite, Apt. #, etc.			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 59-3684258	
Zip 32459		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAY, JAMES E 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY - ST - ZIP	163 Gulf Shore Dr. Santa Rosa Beach, FL 32459	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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:					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					