

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000012097

1. Entity Name
JAMES E. RAY ENTERPRISES, LLC



Principal Place of Business 163 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459	Mailing Address 163 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



04082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3684258	Applied For Not Applicable
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**

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B. 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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE: 04/23/08-80004-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY, JAMES E 163 GULF SHORE DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *James E Ray* **04/08/08** **850-231-4879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #