


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010235 1. Entity Name RAYMAC GULFVIEW, LLC	
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02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0590149	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ.
C/O WHITE & BROWN, P.A.
9000 SW 152ND ST., STE 102
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000086966
03/12/04-80043-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSS, RAYMOND A III 13700 SUTTON PARK DR N. #625 JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-10-04