


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010235</b> 1. Entity Name RAYMAC GULFVIEW, LLC	
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Principal Place of Business 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082	Mailing Address 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082
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02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0590149	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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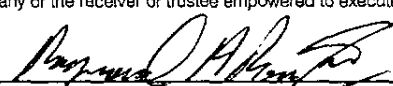
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2005**

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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<p>U000000264384 03/16/05-80015-001 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3-14-05</u> <small>Date</small>	(904)273-7088 <small>Daytime Phone #</small>