2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000010235

1. Entity Name RAYMAC GULFVIEW, LLC

Principal Place of Business

Mailing Address

185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082

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FILED Feb 16, 2006 08:00 AM **Secretary of State**



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01312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0590149 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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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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.	t am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and tide if applicable.

[NOTE: Repistered Agent signature required when reinstating]

000000436**168** 02/27/06-80027-013 50.00

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROSS, RAYMOND A III
STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
City-St-Zip	
TITLE	
NAME	
STREET ADURESS	
CHY-ST:ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ABORESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, OR AUTHORIZED REPRESENTATIVE