2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L02000010235

1. Entity Name RAYMAC GULFVIEW, LLC



FILED Feb 05, 2007 08:00 AN Secretary of State

Principal Place of Susiness

185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082 Mailing Address

185 TWELVE OAKS LANE

PONTE VEDRA BEACH, FL 32082



01312007 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

8. 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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the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered utice of registered agent, or bo	2-02-2007
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, 2007			00000000000000000000000000000000000000
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN .	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature sublity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 1 half have the same legal effect as if made under coute this report as required by Chapter 608, Flork	 Florida Statutes. I further certify that the information path; that I am a managing member or manager of the da Statutes.