2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L02000016998 1. Entity Name RAYTELL, LLC						05-02-2005 90097 012 ****55.00				
Principal Place				1						
12912 BROAKFIELD CIRCLE ORLANDO, FL 32837 US			1517 E HILLCRERST STREET Orlando, Fl. 32803 US							
							1884 kali 884 884 884	I BBIRI NBIR BAN	I (BURI URABA URA	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262005	Chg-LLC	CHZE08	3 (10/03)	
City & State			City & State		4. FEI Numb	er 8192	ħ	Ap	plied For Applicable	
Zip	Country		Zip Count		stry	S: Certificate of Status Desired S5.00 Additional Fee Required			itional	
6. Name and Address of Current F			legistered Agent			امرار 7. Name and	Address of New R		 	
CMALLEY	2 COMP	ANV DA	Name	Name						
SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
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										
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, 2005								e check pa a Departme	-	•
9.		MANAGING MEMBER	L RS/MANAGERS	10.	*		ADDITIONS/	CHANGES		
TITLE NAME	MGRM TELLER,	GI ENN	☐ Delete	TITL	1				Change	Addition
STREET ADDRESS	1	ROAKFIELD CIRCLE	NAM! STRE		EET ADDRESS					
CITY-ST-ZIP	ORLAND	O, FL 32837		_	-ST-ZIP					
TITLE NAME			☐ Delete	TITL	-				Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	☐ Detete			TITL	r-ST-ZIP				☐ Change	☐ Addition
NAME			_ Descrit	NAM	Æ	-			o.a.ngo	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP		·			
TTILE			☐ Delete	TITL					☐ Chaпge	☐ Addition
NAME STREET ADDRESS				NAM STR	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	NAM STR				ME Eet address					
CITY-ST-ZIP					r-ST-ZIP					
TITLE	1		☐ Delete	TITL	I				Change	Addition
NAME STREET ADDRESS				NAN STRI	RE EET ADDRESS					
City-St-Zip				CITY	r-ST-ZIP					
11. I hereby of indicated	certify that th	ne information supplied with ort is true and accurate and i	this filing does not qualify for that my signature shall-have	r the exe	emption stated in Se le legal effect as if r	ection 119.07(3) made under oat	(i), Florida Statutes. h; that I am a manac	I further certi	fy that the ir	nformation r of the
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 received of trystee empowered to execute this report as required by Chapter 608, Florida Statutes.										
\ /\\/a •a//1 \/\										