2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000033385

1. Entity Name RAYMA REAL ESTATE, LLC



Principal Place of Business

14720 MLKING JR BLVD DOVER, FL 33527 Mailing Address

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FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90033 018 ****50.00

4.1006009



04202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2306709

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE A 1209 E WHEELER RD SEFFNER, FL 33584

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The above named entity submits this statement for the purpose of ch the obligations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, JOSE A 1209 E WHEELER RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMOS, SERGIO 6956 SHEPARD OAKS LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, PORFIRIO 912 LOGANOERRY LN #204 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the exe

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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)(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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JERGIN POLLEY

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

4/22/05

Daytime Phone #