

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 AM 10:47

DOCUMENT # L03000030935 1. Entity Name RAY ANTHONY INTERNATIONAL, LLC			
Principal Place of Business 3300 S.W. 11TH STREET DEERFIELD BEACH, FL 33442 US		Mailing Address 3300 S.W. 11TH STREET DEERFIELD BEACH, FL 33442 US	
2. Principal Place of Business 280 NW 12th Avenue Suite, Apt. #, etc.		3. Mailing Address 280 NW 12th Avenue Suite, Apt. #, etc.	
City & State Pompano Beach, FL Zip 33069 Country Broward		City & State Pompano Beach, FL Zip 33069 Country Broward	
4. FEI Number 20-0254202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELGIDELY, ROBERT F 1624 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTHONY, RAY G 1401 NORTHEAST TENTH STREET POMPAÑO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060899501 10/24/05--01062--011 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Natalie Anthony</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		10-13-05 412-466-3700 Date Daytime Phone #	

REINSTATEMENT 2005