


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90119 024 ****50.00

DOCUMENT # L03000030935	
1. Entity Name RAY ANTHONY INTERNATIONAL, LLC	

Principal Place of Business 280 NW 12TH AVENUE POMPANO BEACH, FL 33069 US	Mailing Address 280 NW 12TH AVENUE POMPANO BEACH, FL 33069 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06302006 Chg-LLC CR2E083 (11/05)

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: <u>Richard S. Ferchak, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1401 NE 10th Street</u> City <u>Pompano Beach</u> FL <u>33060</u> Zip Code <u>33060</u>	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <u>6-30-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTHONY, RAY G 1401 NORTHEAST TENTH STREET POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4/2</u> Daytime Phone # <u>440-3700</u>