



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044675	
1. Entity Name JOE GRAY, LLC	

Principal Place of Business P.O. BOX 6251 JACKSONVILLE, FL 32236	Mailing Address P.O. BOX 6251 JACKSONVILLE, FL 32236
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DO NOT WRITE IN THIS SPACE

	
04092007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0417431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE, FL 32205

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY, JOE K P.O. BOX 6251 JACKSONVILLE, FL 32236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, THERESA A P.O. BOX 61386 JACKSONVILLE, FL 32236
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04/20/07-80099-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:  **4-10-07** **904-716-8962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #