


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90069 023 ****50.00

DOCUMENT # L04000003718 1. Entity Name GREGORY RAY NORTHSIDE SERVICES, LLC					
Principal Place of Business 1329 PINE STREET APOPKA, FL 32703 US			Mailing Address 1329 PINE STREET APOPKA, FL 32703 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 58-3636351	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY, MARLENE F 1329 PINE STREET APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MGRM RAY, GREGORY D 1329 PINE STREET APOPKA, FL 32703		[] Delete [] Change [] Addition			
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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: <u>Marlene Ray</u> <small>SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>1-30-07</u> 407-886-4398 <small>Daytime Phone #</small>	

MARLENE RAY