


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 011 ****50.00

DOCUMENT # L04000006176					
1. Entity Name RAYMOND VINSON, LLC					
Principal Place of Business 32 HEATHER LANE HAVANA, FL 32333			Mailing Address 32 HEATHER LANE HAVANA, FL 32333		
2. Principal Place of Business Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Address Suite, Apt. #, etc. <i>N/A</i>			
City & State		City & State		4. FEI Number <i>200634568</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VINSON, RAYMOND W 32 HEATHER LANE HAVANA, FL 32333			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 <i>Raymond Vinson</i> <i>N/A</i> DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINSON, RAYMOND W		NAME		
STREET ADDRESS	32 HEATHER LANE		STREET ADDRESS		
CITY - ST - ZIP	HAVANA, FL 32333		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Raymond Vinson</i>		Raymond Vinson		01-19-05 (850) 509-8312	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

Raymond Vinson



01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number *200634568* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

SIGNATURE *Raymond Vinson* *N/A* DATE

Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State

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CITY - ST - ZIP	HAVANA, FL 32333		CITY - ST - ZIP		
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SIGNATURE: *Raymond Vinson* Raymond Vinson 01-19-05 (850) 509-8312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #