
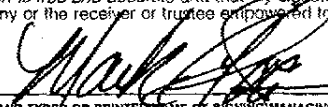


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052212</b> 1. Entity Name X-TRAY, LLC		
Principal Place of Business 1108 NORTH D STREET LAKE WORTH, FL 33460-2057		Mailing Address 1108 NORTH D STREET LAKE WORTH, FL 33460-2057
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SLOAN, MARK 100 S.E. 2ND STREET DELRAY BEACH, FL 33444		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM SLOAN, MARK 1108 NORTH D STREET LAKE WORTH, FL 334602057	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM HIMMELE, TRISTRAM 614 1ST AVE S. LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
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:  7-16-07 561-5865666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



07162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1562303	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

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07/19/07-80012-008 55.00