## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000078328

1. Entity Name RAY'S HERITAGE, LLC

Principal Place of Business

2401 EAGLE LANE BELLE GLADE, FL 33430 Mailing Address

P.O. BOX 1300

BELLE GLADE, FL 33430-7828

## FILED Apr 16, 2008 08:00 A Secretary of State



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1917177 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

HELGESEN, ANDREW ESQ. 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and kile if applicable.	(NOTE: Registored Agent signature required when reinstading)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000900984 04/29/08-80050-014 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, RAYMOND R JR. 15385 ENSTROM ROAD WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CIPY-ST-ZIP		DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE			

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 empoyered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:/

STREET ADDRESS CITY-ST-ZLP THILE NAME STREET ADDRESS CITY-ST-ZIP

LOUNTED NAME OF BONING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-10-08

Daysme Phone