


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000001971</b> 1. Entity Name RAY-ROGERS INSURANCE, LLC	
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Principal Place of Business 6550 ST. AUGUSTINE ROAD SUITE 304 JACKSONVILLE, FL 32217	Mailing Address 6550 ST. AUGUSTINE ROAD SUITE 304 JACKSONVILLE, FL 32217
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**DO NOT WRITE IN THIS SPACE**



07072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1665705	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  RAY-ROGERS, EVELYN 12661 SHINNECOCK COURT JACKSONVILLE, FL 32225
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

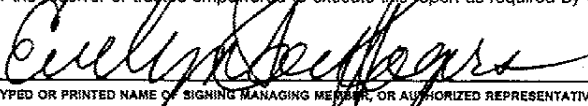
**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, MORRIS A 12661 SHINNECOCK COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY-ROGERS, EVELYN 12661 SHINNECOCK COURT JACKSONVILLE, FL 32225
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07/10/07-80026-002 55.00

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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:**  **07/07/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #