2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State 01-31-2006 90025 043 ****50.00

DOCUMENT # L05000013275 1. Enlity Name RAY-CAM, LLC				01-31-2006 90025 043 ****50.00
Principal Place 469 MARINER JUPITER, FL	R DR.	Mailing Address 469 MARINER DR. JUPITER, FL 33477		I INNUNEN AIK DOTOL RYW GETIS GERT GERN GETIS HY GE THIG WESL ISAAF ENDER THI JERU
2. Principal Place of Business		3. Mailing Address CO MONTARULI & VIDULICH		
Suite, Apt. #, etc.		Suite, Apt. #, etc. BE	ACH ROAD	01232006 Chg-LLC CR2E083 (11/05)
City & State		City & State PA		4. FEI Number Applied For Not Applied For Not Applicate
Zip	Country	71558 210	Cobritry U.5	5. Certificate of Status Dosired S5.00 Additional Fee Required
	6. Name and Address of Curre		Name	7. Name and Address of New Registered Agent
BASS, MIC		·		ess (P.O. Box Number is Not Acceptable)
600 S. ANDREWS AVENUE 6TH FLOOR			Sileer Addi	333 (F.O. DOX NUMBER IS INCLASSEPHENDE)
FT. LAUDE	ERDALE, FL 33301		City	El Zip Cerle
The shows	named entity authority this statement	t for the gumera of changing its		FL 2p Code gistered agent, or both, in the State of Florida. Lam lamiliar with, and accep
the obligation	ions of registered agent.	tion are purpose or criminging his		politica aguint, or book, in the citate of rolled. The maintena way, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and site if applicable. (NOT	E: Registered Agent signature re	outed when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9.		BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM RAIA, RAYMOND	☐ Deltite	TITLE NAME	Change Addition
STREET ADDRESS	2188 SENECA DR.		STREET ADDRESS	
CITY-ST-ZIP TITLE	MERRICK, NY 11568 MGRM	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
HAME	RAIA, CAMILLE	□ vece	HAME	Chents the work
STREET ADDRESS CITY-ST-ZIP	2188 SENECA DR MERRICK, NY 11566		STREET ADDRESS CITY-ST-ZIP	•
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			HAME Street Address	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>
TITLE		—— Delets	NAME	Change Additio
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
ILLE		☐ Delete	TITLE	Change Addition
STREET ADDRESS			NAME STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP TITLE	Ctange Additio
NAME	•		NAME	C Compagn
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP	
OH 1-91-DF		· · · · · · · · · · · · · · · · · · ·		11 60 1 11 6 11 6 11 6 11 11 11 11 11 11 11 1
11. I hereby c	ertify that the information supplied w on this report is true and accurate a bility company or the receiver entrus	and that my signature shall have	the same legal effect a	ined in Chapter 119, Florida Statutes, I further certify that the information is if made under oath; that I am a managing member or manager of the chapter 608, Florida Statutes.



ATTACHMENT 30001214

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

RAY-CAM, LLC C/O MONTARULI & VIDULICH 104 LONG BEACH RD ISLAND PARK, NY 11558

Subject: RAY-CAM, LLC

Reference Number:

L05000013275

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION