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. Entity Name
RAY-CAM, LLC

Principal Place of Business	Mailing Address
469 MARINER DR. JUPITER, FL 33477	469 MARINER DR. JUPITER, FL 33477

01232006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	C/o Montaruli & Vidulich
Suite, Apt. #, etc.	Suite, Apt. #, etc. 104 Long Beach Road
City & State	City & State Island Park, NY
Zip / Country	Zip 11558 Country US

4. FEI Number 20-2596387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASS, MICHAEL R 600 S. ANDREWS AVENUE 6TH FLOOR FT. LAUDERDALE, FL 33301	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIA, RAYMOND 2188 SENECA DR. MERRICK, NY 11566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIA, CAMILLE 2188 SENECA DR MERRICK, NY 11566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Raymond Raia (signature) 516-489-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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 **has not been filed** 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