2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000013275

Entity Name: RAY-CAM, LLC

Current Principal Place of Business:

2188 SENECA DRIVE SOUTH
MERRICK, NY 11566 US

New Principal Place of Business:

Current Mailing Address:

C/O MONTARULI & VIOULICH
104 LONG BEACH RD
ISLAND PARK, NY 11558 US

New Mailing Address:

FEI Number: 20-2596387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASS, MICHAEL R
600 S. ANDREWS AVENUE
6TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAIA, RAYMOND
Address: 2188 SENECA DR. SOUTH
City-St-Zip: MERRICK, NY 11566 US

Title: MGRM ( ) Delete
Name: RAIA, CAMILLE
Address: 2188 SENECA DR
City-St-Zip: MERRICK, NY 11566

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MONTARULI & VIDULIC, H
Address: 104 LONG BEACH ROAD
City-St-Zip: ISLAND PARK, NY 11566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONCA PALAMARA MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date