


**200 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000036535</b> 1. Entity Name <b>RAYBON ESTATES, LLC</b>	
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Principal Place of Business <b>365 JAMES LEE BLVD CRESTVIEW, FL 32536</b>	Mailing Address <b>365 JAMES LEE BLVD CRESTVIEW, FL 32536</b>
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04242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2650416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FRANKLIN H. WATSON, P.A. 5365 E COUNTY HWY 30A, STE 105 SEAGROVE BEACH, FL 32459</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGM BOLTON, RODNEY L 365 W. JAMES LEE BLVD. CRESTVIEW, FL 32536</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGM WEBB, VALERY 365 W. JAMES LEE BLVD. CRESTVIEW, FL 32536</b>
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000000325591  
05/20/08-80033-008 138.75

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.
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<b>SIGNATURE: Rodney L. Bolton, Rodney L. Bolton</b> <b>4/24/08 (850)537-4259</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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