


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90056 028 ****50.00

DOCUMENT # L05000044258					
1. Entity Name RL GAY ENTERPRISES, LLC					
Principal Place of Business 5160 STEWART DRIVE PANAMA CITY FL 32404			Mailing Address 5160 STEWART DRIVE PANAMA CITY FL 32404		
2. Principal Place of Business - No P.O. Box # 5147 STEWART DR			3. Mailing Address 5147 STEWART DR		
Succ. Apt. #, etc. PANAMA CITY			Succ. Apt. #, etc. PANAMA CITY		
City & State FL			City & State FL		
Zip 32404	Country		Zip 32404	Country	
6. Name and Address of Current Registered Agent GAY, R L 5147 STEWART DR PANAMA CITY FL 32404			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR GAY, R L 5147 STEWART DR PANAMA CITY FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM GAY, WANDA D 5147 STEWART DR PANAMA CITY FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wanda D. Gay 2/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #