

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 26, 2008  
Secretary of State**

DOCUMENT# L06000034850

Entity Name: KOU RAY LLC

**Current Principal Place of Business:**

289 SAUSALITO DR.  
EAST AMHERST, NY 14051

**New Principal Place of Business:**

**Current Mailing Address:**

289 SAUSALITO DR.  
EAST AMHERST, NY 14051

**New Mailing Address:**

FEI Number: 16-1720135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOUIMANIS, MICHAEL L  
41232 US 19 HIGHWAY NORTH  
TARPON SPRINGS, FL 346895106 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: RAY, ROBERT J  
Address: 289 SAUSALITO DR.  
City-St-Zip: EAST AMHERST, NY 14051

Title: MGRM ( ) Delete  
Name: KOUIMANIS, MICHAEL L  
Address: 6269 CROSS WINDS CT.  
City-St-Zip: EAST AMHERST, NY 14051

**ADDITIONS/CHANGES:**

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

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

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: ROBERT J. RAY

MGRM

02/26/2008

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