

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90013 001 ****50.00

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DOCUMENT # L06000101157 1. Entity Name DRAY ENTERPRISES, LLC			
Principal Place of Business 1421 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459		Mailing Address 1421 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # 12273 EMERALD GAST PKWY		3. Mailing Address 1421 DRIFTWOOD PT	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. 	
City & State Destin, FL -		City & State SANTA ROSA BEACH, FL	
Zip 32459		Zip 32459	
Country USA		Country USA	
4. FEI Number 20-5730573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLOWICH, JOHN F ESQ 4300 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RIGGINS, DONALD R 1421 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RIGGINS, KATHLEEN C 1421 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="float: right; text-align: right;"> 7/23/07 <small>Date</small> </div>			