

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 9: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000068 AF

DOCUMENT # L99000001761

1. Entity Name
RAY DISTRIBUTING COMPANY, L.L.C.

Principal Place of Business 2406 HARPER STREET JACKSONVILLE FL 32204	Mailing Address 2406 HARPER STREET JACKSONVILLE FL 32204-1716
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2. Principal Place of Business 7014 A.C. Skinner Parkway Suite, Apt. #, etc. Suite 290	3. Mailing Address 7014 A.C. Skinner Parkway Suite, Apt. #, etc. Suite 290
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City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32256	Country DUVAL	Zip 32256	Country DUVAL



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANCIS, JAMES D
2406 HARPER STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name
Address Change Only
Street Address (P.O. Box Number is Not Acceptable)
7014 A.C. Skinner Parkway
Suite 290
City
Jacksonville FL Zip Code
32256

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY DISTRIBUTING COMPANY 2406 HARPER STREET JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7014 A.C. Skinner Parkway, Suite 290 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003259271--8 -05/19/00--01078--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Aubrey L. Edge April 27, 2000 904/596-3200
SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CP2E083 (9/99)