

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # L99000001761

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

Principal Place of Business 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256	Mailing Address 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256
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2. Principal Place of Business 7014 A.C. SKINNER PARKWAY Suite, Apt. #, etc. SUITE 290 City & State JACKSONVILLE FL	3. Mailing Address 7014 A.C. SKINNER PARKWAY Suite, Apt. #, etc. SUITE 290 City & State JACKSONVILLE FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3676712	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip 32256	Country US	Zip 32256	Country US
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6. Name and Address of Current Registered Agent

FRANCIS JAMES D
 7014 A.C. SKINNER PARKWAY, SUITE 290
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
FRANCIS JAMES D
 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 **JAMES D. FRANCIS**

04/23/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY DISTRIBUTING COMPANY 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **AUBREY L. EDGE**

P

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)