


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001761
 1. Entity Name
RAY DISTRIBUTING COMPANY, L.L.C.




Principal Place of Business Mailing Address
7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256 **7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/04)
 4. FEI Number **59-3676712** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LIESER, ALLEN R
7014 AC SKINNER PKWY
SUITE 290
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent Signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

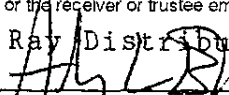
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAY DISTRIBUTING COMPANY	
STREET ADDRESS	7014 A.C. SKINNER PARKWAY, SUITE 290	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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CITY-ST-ZIP		

U00000285445
 04/02/05-80046-007 50.00

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.

Ray Distributing Company, Manager
SIGNATURE:  **Aubrey L. Edge, Pres.** 3/7/05 904/596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #