

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 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

DO NOT WRITE IN THIS SPACE



03072006 No Chg-LLC

CR2E083 (11/05)

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

LIESER, ALLEN R
7014 AC SKINNER PKWY
SUITE 290
JACKSONVILLE, FL 32256

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY DISTRIBUTING COMPANY 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256
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05/03/06-80122-005 50.00

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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

Ray Distributing Company

SIGNATURE: Aubrey L. Edge Date: 904/596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #