


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001761 1. Entity Name RAY DISTRIBUTING COMPANY, L.L.C.	
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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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DO NOT WRITE IN THIS SPACE

02282008 No Chg-LLC CR2E083 (12/07)

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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04/01/08-80015-021 143.75

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 (904)

SIGNATURE: Aubrey L. Edge Date: 3/7/08 Daytime Phone #: 596-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #