2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000093620 1. Entity Name JAMES E. RAY GENERAL PARTNER, INC.

FILED Apr 10, 2008 08:00 All Secretary of State

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Principal Place of Business Mailing Address 163 GULF SHORE DR 163 GULF SHORE DR SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 3245		9		II SANG SIRA NASI NASI NISA NISA NI	Isabe aika aika aika kekean in aber	
6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000			59-3684173 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees	U00000389900 04/22/08-80073-011 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D RAY, JAMES E 163 GULF SHORE DR SANTA ROSA BEACH, FL 32459	CTORS		DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		į		IN ⁻	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby c	sertify that the information supplied with this t	iling does not qualify for the eye	emotions contains	ed in Chapter 119	9. Florida Statutes. 1 furthe	r certify that the Information

indicated on this report or supplied whit this hinty does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR