2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008991

1. Entity Name
GRACE'S ATTIC, LLC

Principal Place of Business	Mailing Address
2815 MORRISON AVENUE TAMPA, FL 33629	2815 MORRISON AVENUE TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3662558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANGELISTA, JAMES J
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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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

Filing Fee is $50.00
Due by May 1, 2004

U00000142831
04/30/04-50067-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	PCEO
NAME	EVANGELISTA, REBECCA
STREET ADDRESS	2815 W. MORRISON AVE.
CITY ST ZIP	TAMPA, FL 33629
TITLE	CFO
NAME	EVANGELISTA, JIM
STREET ADDRESS	2815 W. MORRISON AVE.
CITY ST ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	

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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: R. Evangelista 4/27/04 813/348-9278

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

Rebecca Evangelista