

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 15 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022199
1. Entity Name
GRAUGNARD PLACE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 585 N. COURTENAY PARKWAY Suite, Apt. #, etc. SUITE 101	3. Mailing Address 585 N. COURTENAY PARKWAY Suite, Apt. #, etc. SUITE 101
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DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0019638	Applied For Not Applicable
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City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32943 32953	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
City PLANTATION
FL
Zip Code 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MERRITT HOUSING GP, LLC 585 N. COURTENAY PARKWAY, SUITE 101 MERRITT ISLAND, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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.

Merritt Housing GP, LLC, its sole member

SIGNATURE: Michael Hartman Michael Hartman, member 3/28/02 321-453-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #