

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

02-27-2004 90194 019 ****50.00

DOCUMENT # L02000001385
 1. Entity Name
GRAYTON CORNERS, L.L.C.



Principal Place of Business
**179 ROSEHILL DRIVE WEST
 TALLAHASSEE, FL 32312**

Mailing Address
**179 ROSEHILL DRIVE WEST
 TALLAHASSEE, FL 32312**

34002348



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 95-0486803

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**DOTEN, TERRY B
 179 ROSEHILL DRIVE WEST
 TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|-------------------------|-----------------------|---------------------------------|
| MGRM | DOTEN, TERRY | 179 ROSEHILL DRIVE WEST | TALLAHASSEE, FL 32312 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------|-------------------------|-----------------------|---------------------------------|-------------------------------------|
| MGR | MELISSA DOTEN | 179 ROSEHILL DRIVE WEST | TALLAHASSEE, FL 32312 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 808, Florida Statutes.

SIGNATURE: Terry Doten Date: 2-25-04 Daytime Phone #: 850-668-3933