

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003476

FILED
Mar 26, 2008
Secretary of State

Entity Name: GRAYHILLS MOHIP DEVELOPMENT, LLC

Current Principal Place of Business:

250 PROFESSIONAL WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

250 PROFESSIONAL WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-2702410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDBERG, MERRY
MALLORY LAW GRP 1907 COMMERCE LANE STE 104
PO BOX 8858
JUPITER, FL 33468 US

Name and Address of New Registered Agent:

LINDBERG, MERRY
MALLORY LAW GRP 1907 COMMERCE LANE STE 104
1907 COMMERCE LANE, SUITE 104
JUPITER, FL 33468 US

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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRAYHILLS, LAURENCE A.I.
Address: 250 PPROFESSIONAL WAY
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: MOHIP, VIKRAM
Address: 250 PROFESSIONAL WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAYHILLS, LAURENCE A.I.
Address: 250 PROFESSIONAL WAY
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIKRAM MOHIP

MGR

03/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date