

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003476

FILED  
Apr 29, 2009  
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  
1907 COMMERCE LANE, SUITE 104  
JUPITER, FL 33468 US

**Name and Address of New Registered Agent:**

LINDBERG, MERRY  
CHRISTINE D. HANELY & ASSOCIATES  
1000 SOUTHERN BOULEVARD, 2ND FLOOR  
WEST PALM BEACH, FL 33405 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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAYHILLS, LAURENCE A.I.  
Address: 250 PROFESSIONAL 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MBR

04/29/2009

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