


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 006 ****50.00

DOCUMENT # L05000053694 1. Entity Name GRAF, LLC.	
--	---

Principal Place of Business 2015 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	Mailing Address 2015 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number SG-2516326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL H. WOLF & ASSOCIATES, LLC. 3832 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
--	---

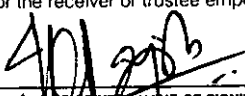
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR IYER, RAJESH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IYER, RAJESH	NAME	
STREET ADDRESS	1420 BUCCANAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE, TN 37042	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVORITE, INC.	NAME	
STREET ADDRESS	7263 WHITES CREEK PIKE	STREET ADDRESS	
CITY-ST-ZIP	JOELTON, TN 37080	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADHWA, ANIL	NAME	
STREET ADDRESS	402 BENTBROOK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE, TN 37043	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADVANI, GURMIT	NAME	
STREET ADDRESS	2802 APPACHE MOON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO, TN 37130	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **(RAJESH IYER)** 04/14/06 561-789-2923

Date Daytime Phone #