

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084794

Entity Name: GRAYBO LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

7411 BARBERIE STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

1321 N. MAIN STREET
STE 2
JACKSONVILLE, FL 32206

Current Mailing Address:

7411 BARBERIE STREET
JACKSONVILLE, FL 32208

New Mailing Address:

1321 N. MAIN STREET
STE 2
JACKSONVILLE, FL 32206

FEI Number: 39-2062790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAN, SHANNON K
7411 BARBERIE STREET
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

ELIAN, SHANNON K
1321 N. MAIN STREET
STE 2
JACKSONVILLE, FL 32206 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:

03/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELIAN, SHANNON K
Address: 7411 BARBERIE STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR () Delete
Name: ELIAN, MONSOUR G
Address: 7411 BARBERIE STREET
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELIAN, SHANNON K
Address: 1321 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: SHANNON K. ELIAN

MGRM

03/06/2008

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