

FILED
Apr 26, 2007 8:00 am
Secretary of State

03-28-2007 90183 020 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

37

DOCUMENT # L05000010084			
1. Entity Name GRAHAM RENOVATIONS, LLC			
Principal Place of Business 735 EUCLID AVENUE, SUITE # 12-A MIAMI BEACH, FL 33139-6106		Mailing Address P.O. BOX 192062 MIAMI BEACH, FL 33119-9999	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2282041		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$5.00 Additional Fees Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		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 re-registering) DATE _____			
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DE JESUS, MARIA 2 WIMBERLY LANE #2-S PEEKSKILL, NY 10588 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER GRAHAM, ALAN 735 EUCLID AVENUE SUITE # 12-A MIAMI BEACH, FLORIDA 33139-6106 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER IVETTE DIAZ 5 WESTMINSTER AVENUE #2-A ELIZABETH, NEW JERSEY 07208 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE:  (Alan Graham) man. - 4/24/07		786.709.5018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	