

FILED
Jan 23, 2002 8:00 am
Secretary of State

908883

<div>DOCUMENT # L00000002569</div> <div>1. Entity Name</div> <div>G. J. GRACE, L.L.C.</div>				<div>Jan 23, 2002 8:00 am</div> <div>Secretary of State</div> <div>01-23-2002 90046 039 ****50.00</div>			
<div>Principal Place of Business</div> <div>5540 CAPE SAN BLAS ROAD</div> <div>PORT ST JOE FL 32456</div>				<div>Mailing Address</div> <div>5540 CAPE SAN BLAS ROAD</div> <div>PORT ST JOE FL 32456</div>			
<div>2. Principal Place of Business</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>Zip</div> <div>Country</div>				<div>3. Mailing Address</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>Zip</div> <div>Country</div>			
				<div>4. FEI Number</div> <div>59-3628772</div>		<div>Applied For</div> <div>Not Applicable</div>	
				<div>5. Certificate of Status Desired</div> <div>5.00 Additional Fee Required</div>			
<div>6. Name and Address of Current Registered Agent</div> <div>MORROW, JAMES R</div> <div>5540 CAPE SAN BLAS ROAD</div> <div>PORT ST. JOE FL 32456</div>				<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>City</div> <div>FL</div> <div>Zip Code</div>			
<div>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.</div> <div>SIGNATURE</div> <div>1-15-02</div> <div>DATE</div>							
				<div>FILE NOW!!! FEE IS \$50.00</div> <div>Make Check Payable to Department of State</div> <div>Due By May 1, 2002</div>			
<div>9. MANAGING MEMBERS/MANAGERS</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>DELETE</div>				<div>10. ADDITIONS/CHANGES</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>CHANGE</div> <div>ADDITION</div>			
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>DELETE</div>				<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>CHANGE</div> <div>ADDITION</div>			
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>DELETE</div>				<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>CHANGE</div> <div>ADDITION</div>			
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>DELETE</div>				<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>CHANGE</div> <div>ADDITION</div>			
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<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>DELETE</div>				<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div>CHANGE</div> <div>ADDITION</div>			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Date _____

Daytime Phone #