


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90035 014 ****50.00

DOCUMENT # L00000002569					
1. Entity Name G. J. GRACE, L.L.C.					
Principal Place of Business P O BOX 287 25 BEGONIA ST EAST POINT, FL 32328			Mailing Address P O BOX 287 25 BEGONIA ST EAST POINT, FL 32328		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORROW, JAMES R 5540 CAPE SAN BLAS ROAD PORT ST JOE FL 32456			Name <u>RANDALL CHAMPION</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>25 BEGONIA ST</u>		
			City <u>EAST POINT</u> <u>FL</u> Zip Code <u>32328</u>		
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 <u>R. H. Champion</u>				DATE <u>1.7.06</u>	
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 NAME STREET ADDRESS CITY - ST - ZIP	P MORROW, JAMES R 5540 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres RANDALL CHAMPION POB 287 25 BEGONIA ST EAST POINT FL 32328</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres. RANDALL CHAMPION 25 BEGONIA ST EAST POINT FL 32328</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>R. H. Champion</u>				Date <u>1.7.06</u> Daytime Phone # <u>850 670 5995</u>	