2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000002569 1. Entity Name G. J. GRACE, L.L.C.						01-12-2006 90035 014 ****50.00				
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.			01072006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State			59-3628772			No	plied For t Applicable	
Zip	Country	Zip	Coun	Country		5. Certificate	of Status Desired	<u></u>	5.00 Addi ee Required	tional
6. Nan	ne and Address of Current F	Registered Agent				7. Name and	Address of New	Registered A	gent	
	<u></u>		!	Name-	TRAI	NDALL	CHAM	PION	_	
MORROW, JAMES 5540 CAPE SAN B	AS ROAD			Street A			er is Not Acceptat			
PORT ST. 8E FL			25 BEGONIA ST							
				City &	<u>65</u> 25T	POINT		FL	길 Code	- R
The above named entity submits this statement for the purpose of changing its registered office or registered.										
the obligations of registered egent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee	e is \$50.00 ay 1, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.				ADDITION	/CHANGES		
TITLE P		Delete	TITLE		Pre	\$	من ما		Change	Addition
NAME MORROW, JAMES R			NAM		KAN	287 2 287 2	AMPION	روت		
STREET ADDRESS 5549 CAPE SAN BLAS ROAD CITY-ST-ZIP PORT ST-JQE, FL 32456				ET ADORESS 1 -ST-ZIP	FYN	TOAL A	AMPION SBEGONIA FT. 323	ر ۶ ۶		
IIILE POES. Delete				E	1-74-0	1 10101	, ,		☐ Change	Addition
NAME RANDOLL CHAMPION			NAM						onengo	
STREET ADDRESS 25 AGE SANIA 5T				ET ADDRESS						
CITY-ST-ZIP ECAST POINT PL. 32328			_	-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-S1-ZIP						
TITLE		☐ Delete	FITU						Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	E					☐ Change	Addition
NAME			MAM	E Et address						
STREET ADDRESS - CITY-ST-ZIP				-ST-ZIP						
TITLE -		☐ Delete	TITU	E					☐ Change	Addition
NAME	r war and a		NAM		ļ.					
STREET ADDRESS CITY-ST-ZIP	3	•		ET ADDRESS - ST-ZIP						
11. I hereby certify that	the information supplied with	this filing does not qualify for	the exe	mptions co	l ontained	in Chapter 119), Florida Statutes, I	further certify	that the info	rmation
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 of trustee impowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1.7.06 &50 670 595 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dails Daytime Prome #										
SIGNATUR	E AND TYPED OR PRINTED NAME OF	· אוואטוק MANAGING MEMBER, MAN	MUER, OF	AU THORIZE	U KEPRESE	MIAIIVE	Date	D	aytime Phone #	i