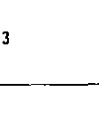
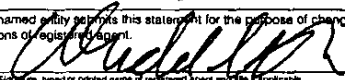
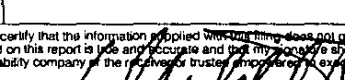


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006484 1. Entity Name GRANITE PLUS II, L.L.C.			2008 NOV -4 AM 10: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business 17801 ASHLEY DRIVE PANAMA CITY BEACH, FL 32413		Mailing Address 17801 ASHLEY DR PANAMA CITY BEACH, FL 32413	
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 59-3658191		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, WAYNE E 16531 FRONT BEACH RD PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent Middleton, Wayne E. Street Address (P.O. Box Number is Not Acceptable) 16531 Front Beach Rd. City Panama City Beach FL Zip Code 32413	
8. The above named entity certifies 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 		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRANITE PLUS, INC. 401 S. CHURCH CTREET BLAKLEY, GA 31723	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1001348322 11/04/08--01049--002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MIDDLETON, WAYNE E 16531 FRONT BEACH RD PANAMA CITY BEACH, FL 32413	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
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 608, Florida Statutes.			
SIGNATURE: 		10/28/08	