

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90406 047 \*\*\*\*50.00

**DOCUMENT # L00000010021**

1. Entity Name

G.R. ASSOCIATES OF PASCO COUNTY, LLC



40118447

Principal Place of Business

7614 JACQUE ROAD, SUITE B  
HUDSON, FL 34667

Mailing Address

7614 JACQUE ROAD, SUITE B  
HUDSON, FL 34667



03092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3532820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A ESQ.  
7617 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAU, JOSE E JR.
STREET ADDRESS	7614 JACQUE ROAD, SUITE C
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGRM
NAME	REDDY, TIYYAGURA
STREET ADDRESS	7614 JACQUE RD SUITE C
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 5-1-07