

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90364 014 ****50.00

DOCUMENT # L00000010246			
1. Entity Name GRACEWOOD TRADING COMPANY LLC			
Principal Place of Business 1626 90TH AVENUE VERO BEACH FL 32966		Mailing Address PO BOX 370 VERO BEACH FL 32961	
2. Principal Place of Business - No P.O. Box # 21 Royal Palm Pointe		3. Mailing Address Suite #201	
Suite, Apt. #, etc. Suite #201		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State	
Zip 32960	Country U.S.A.	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number APPLIED FOR 59-4384474		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LUTHER, JOHN M. 1626 90TH AVENUE VERO BEACH FL 32966		7. Name and Address of New Registered Agent
21 Royal Palm Pointe Suite #201 Vero Beach, FL 32960		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRACEWOOD FRUIT COMPANY, LLC. 1626 90TH AVENUE VERO BEACH FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, JOHN M 555 HIGHWAY A1A VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - P LUTHER, JOHN M. 555 Highway A1A Vero Beach, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARVIS, WILLIAM S 445 GREYTWIG RD. VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, PAUL A 1626-90TH AVE VERO BEACH FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, PAUL A. 21 Royal Palm Pointe -Suite #201 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST PEREZ, TOMAS R 2019 CORTEZ AVE VERO BEACH FL 32960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

April 24th, 2007-567-1151

Date Daytime Phone #