

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011444

Entity Name: GRACIOUS AGE, L.L.C.

FILED  
Jun 01, 2006  
Secretary of State

**Current Principal Place of Business:**

1401 MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

1401 S. MAGNOLIA AVENUE  
SANFORD, FL 32771

**Current Mailing Address:**

1401 MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

1401 S. MAGNOLIA AVENUE  
SANFORD, FL 32771

FEI Number: 59-3673930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARLOS, JOCELYN  
1401 MAGNOLIA AVENUE  
SANFORD, FL 32771    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CARLOS, JOCYLN  
Address: 1401 MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: CARLOS, CARVIZ  
Address: 1401 MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: ANDRADA, EDITHA  
Address: 1401 MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: ANDRADA, GREGORIO  
Address: 1401 MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: CARLOS, JOCELYN  
Address: 1401 S. MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOCELYN CARLOS

MGR

06/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date