


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012236	
1. Entity Name GRAYDOG, LLC	

Principal Place of Business 30 MORENO POINT ROAD, SUITE 606B DESTIN, FL 32541 32550 <i>156 South Shore Dr.</i>	Mailing Address PO BOX 5528 DESTIN, FL 32540
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNIS, AARON 30 MORENO POINT ROAD SUITE 606B DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNIS, MARIE 30 MORENO POINT ROAD SUITE 606B DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNELL, CHRIS 2839 JACK NICKLAUS WAY SHALIMAR, FL 32570 <i>delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Joel E. Colquett 8 Industrial Street Ft. Walton Beach, FL 32545</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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06/22/04--01066--006 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 6-18-04 880-685-1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
04 JUN 21 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



05032004 No Chg-LLC CR2E083 (10/03) 6/21

4. FEI Number 59-3679028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required