## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Secretary of State 03-18-2005 90384 027 \*\*\*\*50.00 **DOCUMENT # L00000015407** S. GRAY HOLDINGS, LLC 20022274 Principal Place of Business Mailing Address 2702 NORWOOD LANE 2702 NORWOOD LANE VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1061447 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required \_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Change ☐ Addition ☐ Detete GRAY, STEVEN NAME 2702 NORWOOD LANE STREET ADDRESS STREET ADORESS CITY-\$1-ZIP VENICE, FL 34292 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRAY, DEBRA J NAME NAME 2702 NORWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34292 Delete TITLE □ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 outressee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MET BOM, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 18, 2005 8:00 am