2005 LIMITED LIABILITY COMPANY

FILED Feb 16. 2005 08:00 AM te

ANNUAL REPORT				rep 10, 2005 06:00
DOCUMENT # L000000154 1. Entity Name V. GRAY HOLDINGS, LLC		5415		Secretary of Stat
Principal Pla 5393 NE 6 OCALA, FL		Mailing Address 5393 NE 6TH COURT OCALA, FL 34479		
E	OO NOT WRITE	IN THIS SPA	CE	01172005No Chg-LLC
	6. Name and Address of Current	Registered Agent		Fee Required
5777 BEN	T, DANIEL L IEVA ROAD SOUTH FA, FL 34233			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				
SIGNATURE.	Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent.	and title if applicable (NOTE. Registered	l Agent signature required	when reinstaling) DATE
	AAANA CINIC MEMBER	DC/MANACEDO		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, VIRGINIA 5393 NE 6TH COURT OCALA, FL 34479	HS/MANAGERS	.E	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE				···

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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

27509

Date

752-840-0357

Daytime Phone #