


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010534 1. Entity Name GRAPA L.L.C.	
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Principal Place of Business 14330-B HARBOUR LINKS CT. FT MYERS, FL 33908	Mailing Address 14330-B HARBOUR LINKS CT. FT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1116569	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

PALERMO, CARL E JR.
14330-B HARBOUR LINKS CT.
FT MYERS, FL 33908

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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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, CARL E JR. 14330-B HARBOUR LINKS CT. FT MYERS, FL 33908
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05/20/04-80002-001 50.00

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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: Carl E Palermo Date: 11 MAY 04 Daytime Phone #: 239 332-0585

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