2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013682

Entity Name: GRABARKIEWICZ FAMILY PARTNERS, LLC

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12600 SW 120 STREET STE 102 MIAMI, FL 33186 **New Mailing Address: Current Mailing Address:** 12600 SW 120 STREET STE 102 MIAMI, FL 33186 FEI Number: 65-1129815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONTINENTAL ADVISORS, INC. 5201 BLUE LAGOON DRIVÉ 8TH FLOOR MIAMI, FL 33126 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GRABARKIEWICZ, MICHAEL Name: Name: Address: 11226 S.W. 64TH LANE Address:

City-St-Zip:

() Change () Addition

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

Address: 10021 COLONNADE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete

REOPELLE, BETH

MGRM

MIAMI, FL 33173 US

() Delete

City-St-Zip:

Title:

Name:

MGRM () Delete Title:
GANSKE LAURIE Name:

 Name:
 GANSKE, LAURIE
 Name:

 Address:
 6660 S. 121 STREET
 Address:

 City-St-Zip:
 FRANKLIN, WI 53132 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETH A. REOPELLE MGRM 03/17/2008