

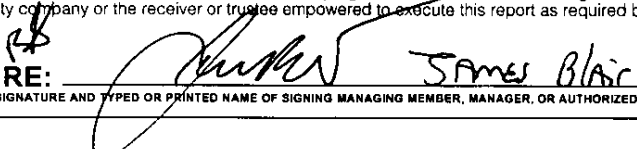


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90009 020 \*\*\*\*55.00

<b>DOCUMENT # L01000018943</b>							
<b>1. Entity Name</b> <b>GRA-MAR REALTY, LLC</b>							
<b>Principal Place of Business</b> <b>730 NW 7TH STREET</b> <b>FT. LAUDERDALE, FL 33311</b>			<b>Mailing Address</b> <b>730 NW 7TH STREET</b> <b>FT. LAUDERDALE, FL 33311</b>				
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		  01102007    Chg-LLC    CR2E083 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
<b>4. FEI Number</b> <b>65-1152456</b>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
<b>BLAIR, JAMES</b> <b>730 NW 7TH STREET</b> <b>FT. LAUDERDALE, FL 33311</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b></div> Zip Code				
<b>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.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BLAIR, JAMES</b> 730 NW 7TH STREET FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>FARINA, JOSEPH LOUIS</b> 730 NW 7TH STREET FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
<b>SIGNATURE:</b>  <b>JAMES BLAIR</b> 1/10/07      (924) 316-0222							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>							