

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022199

1. Entity Name
GRAUGNARD PLACE, LLC



FILED

04 APR -5 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
585 N. COURTENAY PARKWAY, SUITE 101
MERRITT ISLAND, FL 32953

Mailing Address
585 N. COURTENAY PARKWAY, SUITE 101
MERRITT ISLAND, FL 32953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
30-0019638

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MERRITT HOUSING GP, LLC
585 N COURTENAY PARKWAY, SUITE 101
MERRITT ISLAND, FL 32953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400032100084
04/07/04--01049--002 **50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

By: Merritt Housing GP, LLC

SIGNATURE:

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

2/7/04

Date

321-453-2932

Daytime Phone #

Michael Hoytman Member