

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010693

1. Entity Name
THE GRAY FAMILY, LLC



Principal Place of Business

**86 SPRING VISTA DRIVE
SUITE 200
DEBARY, FL 32713**

Mailing Address

**86 SPRING VISTA DRIVE
SUITE 200
DEBARY, FL 32713**

DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0688540

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KANE, STEVEN H
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751**

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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 _____

(Print or handwrite the name of registered agent with full name)

(Print or handwrite the signature of registered agent with full name)

DATE _____

**Filing Fee is \$30.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRAY, JOHN C JR
STREET ADDRESS	86 SPRING VISTA DR., STE. 200
CITY ST ZIP	DEBARY, FL 32713

TITLE	
NAME	
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CITY ST ZIP	

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05/04/05-80021-014 50.00

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IN THIS SPACE**

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: _____

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

John C. Gray, Jr. 7-28-05 386-668-6600