

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90196 038 \*\*\*\*55.00

<b>DOCUMENT # L02000015791</b>					
<b>1. Entity Name</b> <b>GRAIN GROUP, LLC</b>					
<b>Principal Place of Business</b> <b>1040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>			<b>Mailing Address</b> <b>1040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>71-0891500</b>	
<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>BARRAGAN, HECTOR</b> <b>7040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>BARRAGAN, HECTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1040 WATERSIDE LANE</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33019</b>		
<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> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>URIEL BARRAGAN, MANUEL</b> <b>1040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>URIEL BARRAGAN, MANUEL</b> <b>1040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BARRAGAN HECTOR</b> <b>1040 WATERSIDE LANE</b> <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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MOORE CR2E083 (11/03)

**SIGNATURE:**

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

Date

Daytime Phone #

**HECTOR BARRAGAN** **2-9-2004 (954) 385499**

**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.**