

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023647

Entity Name: GRAYMAR II REALTY, L.L.C.

FILED
Jul 19, 2005
Secretary of State

Current Principal Place of Business:

7572 BILTMORE DR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

PO BOX 20461
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 16-1632858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

TOMKINSON, NEALE
7548 BILTMORE DR
SARASOTA, FL 34231 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: G.NEALE TOMKINSON

07/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOMKINSON, NEALE
Address: 409 IYANOUGH RD./ RT. 28
City-St-Zip: HYANNIS, MA 02601

Title: MGR () Delete
Name: TOMKINSON, MARLICE
Address: 7572 BILTMORE DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOMKINSON, NEALE
Address: 7548 BILTMORE DR
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEALE TOMKINSON

MGR

07/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date