


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90032 006 ****50.00

DOCUMENT # L02000026255 1. Entity Name GRABALDI HOLDINGS, LLC	
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Principal Place of Business 436 NW 120TH DR CORAL SPRINGS, FL 33071	Mailing Address 436 NW 120TH DR CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE

08182004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 11-3698536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NARLOW, RAY
436 NW 120TH DR
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
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 _____
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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAREDES, MANUEL CALLE 3A-8-52 SANTANDER DE QUILCHAO CAUCA, CO COLOMBIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS CHAVEZ, F 2107 JEFFERSON AVE REDWOOD CITY, CA 94062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, STANLEY C 2045 SAN MARCOS DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Fernando Chavez, Manager **FERNANDO CHAVEZ,**
MANAGER 8/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #