


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 031 \*\*\*\*50.00

|  |  |                                     |   |  |  |
|--|--|-------------------------------------|---|--|--|
| <b>DOCUMENT # L02000026698</b><br>1. Entity Name<br><b>GRACE INVESTMENTS, LLC</b>  |  |                                     |   |   |  |
| Principal Place of Business<br><b>19046 BRUCE B. DOWNS BLVD., #94<br/>TAMPA, FL 33647</b>  |  |                                     | Mailing Address<br><b>19046 BRUCE B. DOWNS BLVD., #94<br/>TAMPA, FL 33647</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>19046 BRUCE B. DOWNS BLVD.</b>  |  | 3. Mailing Address<br><b>(SAME)</b> |   |  |  |
| Suite, Apt. #, etc.<br><b>#94</b>  |  | Suite, Apt. #, etc.                 |   |  |  |
| City & State<br><b>TAMPA, FL</b>   |  | City & State                        |   | 4. FEI Number<br><b>04-3722039</b>   |  |
| Zip<br><b>33647</b>  |  | Country<br><b>US</b>                |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NRAI SERVICES, INC. ✓<br/>2731 EXECUTIVE PARK DRIVE<br/>SUITE 4<br/>WESTON, FL 33331</b>   |  |                                     |   | 7. Name and Address of New Registered Agent<br>Name<br><b>ANGEL'S WATCH, LLC - XENIA INGRAM</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>19046 BRUCE B. DOWNS BLVD #94</b><br>City<br><b>TAMPA</b> <b>FL</b> Zip Code<br><b>33647</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. <i>Xenia Ingram</i>  |  |                                     |   |  |  |
| SIGNATURE _____ DATE <b>2/15/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                                     | <b>Make check payable to<br/>Florida Department of State</b>                  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>INGRAM, WALTER LEE<br>19046 BRUCE B. DOWNS BLVD., #94<br>TAMPA, FL 33647   | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>INGRAM, XENIA ESTHER<br>19046 BRUCE B. DOWNS BLVD., #94<br>TAMPA, FL 33647 | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete     |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |                                     |   |  |  |
| <b>SIGNATURE:</b> <i>Walter Ingram</i> <i>Xenia Ingram</i> <b>2/15/07</b>  |  |                                     |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                     |   |  |  |
| <small>Date</small> <b>2/15/07</b> <small>Daytime Phone #</small> <b>813-758-5867</b><br><b>813-758-5837</b>   |  |                                     |   |  |  |