

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027763

Entity Name: FUTURE FINDINGS, LLC

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

1528 BAY WOODS ROAD  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1528 BAY WOODS ROAD  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 65-1165009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAMIGNA, MARY E  
1528 BAY WOODS ROAD  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

DEAN, MARY E  
1528 BAY WOODS ROAD  
GULF BREEZE, FL 32563 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: MARY GRAMIGNA DEAN

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GRAMIGNA, MARY E  
Address: 1528 BAY WOODS RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: DEAN, KYLE  
Address: 1528 BAY WOODS RD  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEAN, MARY E  
Address: 1528 BAY WOODS RD  
City-St-Zip: GULF BREEZE, FL 32563

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: MARY GRAMIGNA DEAN

CEO

04/26/2005

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