2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-08-2005 90277 037 ****50.00

DOCUMENT # L03000004915

1. Entity Name
GRANITE COMMERCIAL CENTER, LLC

Principal Place of Business	Mailing Address
% MR. DWAYNE F. BEST 1100 GULF BOULEVARD BELLEAIR SHORES, FL 33786	% MR. DWAYNE F. BEST 1100 GULF BOULEVARD BELLEAIR SHORES, FL 33786

03072005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
05-0533014
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLINE, HARRY S
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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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.

X SIGNATURE: Dwayne F Best - Managing Director 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEST, DWAYNE F
STREET ADDRESS	POST OFFICE BOX 10267
CITY-ST-ZIP	ST.PETERSBURG, FL 33733
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dwayne F Best 4/25/05 727-327-7123
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #