2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# L03000016875

Entity Name: GRANITE CAFE, LLC

Current Principal Place of Business:

1001 BECK AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 4123
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 45-0514970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCVEIGH, JAMES J
2816 WEST 11TH STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MCVEIGH, JAMES J
1404 WEST BEACH DR
PANAMA CITY, FL 32401 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: 04/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: RUFFINO, PAUL
Address: 1001 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete
Name: MCVEIGH, JOHN
Address: 1001 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM (X) Delete
Name: CALLAHAN, LAURA
Address: 1001 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MCVEIGH, JOHN
Address: P.O. BOX 4123
City-St-Zip: PANAMA CITY, FL 32401

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 Chapter 119, 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: JOHN B. MCVEIGH MRGM 04/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date