

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 014 ****50.00

DOCUMENT # L03000017720

1. Entity Name
GRAHAM CONSTRUCTION, LLC



Principal Place of Business
**707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236**

Mailing Address
**707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236**



2. Principal Place of Business - No P.O. Box #

**50 Central Ave. Suite 900
Sarasota, FL 34236**

3. Mailing Address

**Su 50 Central Ave. Suite 900
Sarasota, FL 34236**

02202007 Chg-LLC CR2E083 (12/06)

Zip Country

Zip Country

4. FEI Number
51-0466568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOSCH, JOHN E ESQ
707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

**Str 50 Central Ave. Suite 900 (septable)
Sarasota, FL 34236**

City

FL Zip Code

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BUCHANAN, VERNON G**
STREET ADDRESS **707 S. WASHINGTON BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **T** ☐ Delete
NAME **HITEMAN, STEVE**
STREET ADDRESS **707 S. WASHINGTON BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PS** ☐ Delete
NAME **TOSCH, JOHN**
STREET ADDRESS **707 SOUTH WASHINGTON BOULEVARD**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☒ Delete
NAME **GEORGE, MIKE**
STREET ADDRESS **707 S. WASHINGTON BLVD**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **50 Central Ave. Suite 900** ☐ Change ☐ Addition
NAME **Sarasota, FL 34236**
STREET ADDRESS
CITY-ST-ZIP

TITLE **50 Central Ave. Suite 900** ☐ Change ☐ Addition
NAME **Sarasota, FL 34236**
STREET ADDRESS
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NAME **~~Sarasota, FL 34236~~**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **Steve Hiteman**

3-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #