2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 12, 2004 8:00 am Secretary of State DOCUMENT # L03000025922 07-12-2004 90131 023 ****50 00 GRAYSON-DANIELS, LLC Principal Place of Business Mailing Address "क के रे जे के हिन्दू हैं है 981 BUTTONWOOD DRIVE 981 BUTTONWOOD DRIVE SUGARLOAF SHORES, FL 33042 SUGARLOAF SHORES, FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 20-0996356 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLITENICK, RICHARD M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1009 SIMONTON STREET KEY WEST, FL 33040 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, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAYSON, ROBBI S NAME NAME STREET ADDRESS 981 BÜTTONWOOD DRIVE STREET ADDRESS CITY-ST-ZIP SUGARLOAF SHORES, FL 33042 CITY-ST-ZIP MGR TITEE TITLE ☐ Defete Change ■ Addition HOLDENRID, MALIA NAME NAME STREET ADDRESS 10000 DEERBROOK LANE STREET ADDRESS CHARLOTTE, NC 28210 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE · Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED