

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90033 031 ****50.00



DOCUMENT # L03000026739
 1. Entity Name
GRAZIANO ENTERPRISES LLC.

Principal Place of Business 2100 SALZEDO STREET, SUITE 300 C/O ARAZOZA & FERNANDEZ-FRAGA, P.A. CORAL GABLES, FL 33134	Mailing Address 2100 SALZEDO STREET, SUITE 300 C/O ARAZOZA & FERNANDEZ-FRAGA, P.A. CORAL GABLES, FL 33134
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03282005 No Chg-LLC CR2E083 (10/03)

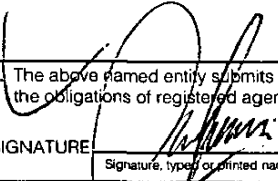
DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1568592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO STREET, SUITE 300
 CORAL GABLES, FL 33134

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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.

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAZIANO, MARIO 11879 SW 45 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #