


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90036 023 \*\*\*\*50.00

<b>DOCUMENT # L03000039553</b>	
1. Entity Name <b>GRAFF HOLDINGS, L.L.C.</b>	

40070354



04162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business <b>548 US HWY 27 SUITE C MINNEOLA, FL 34715</b>		Mailing Address <b>548 US HWY 27 SUITE C MINNEOLA, FL 34715</b>	
2. Principal Place of Business - No P.O. Box # <b>1200 OAKLEY SEAVER DRIVE SUITE 203</b>		3. Mailing Address <b>1200 OAKLEY SEAVER DRIVE SUITE 203</b>	
City & State <b>Clermont, FL</b>		City & State <b>Clermont, FL</b>	
Zip <b>34711</b>	Country <b>U.S.A.</b>	Zip <b>34711</b>	Country <b>U.S.A.</b>

4. FEI Number <b>38-3639986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GRAFF, MARK 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34711</b>
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7. Name and Address of New Registered Agent Name <b>GRAFF, MARK J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 OAKLEY SEAVER DRIVE, MINNEOLA, FL 34715</b> SUITE 203 City <b>Clermont</b> FL Zip Code <b>34711</b>
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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 Mark J. Graff  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRAFF, MARK 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER GRAFF, MARK 1200 OAKLEY SEAVER DRIVE, SUITE 203 CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark J. Graff

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

4/16/07

Date

352-516-1580

Daytime Phone #