

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90016 038 ****55.00

DOCUMENT # L03000043725					
1. Entity Name GRACELINE HOLDINGS, LLC					
Principal Place of Business 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712 US			Mailing Address 4905 34TH STREET SOUTH #264 ST. PETERSBURG, FL 33711 US		
2. Principal Place of Business 3880 34th Ave. S. Suite, Apt. #, etc. Suite D City & State St. Petersburg, FL Zip 33711 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04242004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 83-0383023				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ABDULLAH, TAALIB 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Della Hatch-Abdullah Street Address (P.O. Box Number is Not Acceptable) 40 Bousen & Brumley, P.A. 3110 1st Avenue North, Ste. 5 W City St. Petersburg FL Zip Code 33713		
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 <u>Della Hatch-Abdullah</u> <u>Della Hatch-Abdullah</u> <u>4/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDULLAH, TAALIB 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ahmad, Gasim 3880 34th Avenue S., #E St. Petersburg, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Taalib Abdullah</u> <u>4/26/04</u> <u>727-867-1705</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					