

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045094

Entity Name: GRAVES CUSTOM CYCLES, LLC

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

7194 CATALINA ISLE DR.  
LAKE WORTH, FL 33467

## New Principal Place of Business:

623 N RAILROAD AVE  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

7194 CATALINA ISLE DR.  
LAKE WORTH, FL 33467

## New Mailing Address:

623 N RAILROAD AVE  
BOYNTON BEACH, FL 33435

FEI Number: 35-2193317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAVES, NINA  
623 N. RAILROAD AVE  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

GRAVES, NINA  
623 N RAILROAD AVE  
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: NINA GRAVES

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GRAVES, NINA  
Address: 7194 CATALINA ISLE DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: GRAVES, JERRY L II  
Address: 7194 CATALINA ISLE DR.  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GRAVES, NINA  
Address: 623 N RAILROAD AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM (X) Change ( ) Addition  
Name: GRAVES, JERRY L II  
Address: 623 N RAILROAD AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NINA GRAVES

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date