


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000051416</b> 1. Entity Name <b>MYRON S. GRAFF, LLC</b>	
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Principal Place of Business <b>5522 GULF DR NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>5522 GULF DR NEW PORT RICHEY, FL 34652</b>
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>04-6365819</b>	Applied For 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, MYRON S 5522 GULF DR NEW PORT RICHEY, FL 34652</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

000000757625  
05/23/07-800778-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAFF, MYRON S 5522 GULF DR NEW PORT RICHEY, FL 34652
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IN THIS SPACE**

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:**

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

**4/28/07 (727) 898-5525**  
Date Daytime Phone #

*Myron S. Graff*