## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT  DOCUMENT # L03000051717  1. Simply home ALONG THE GRAIN, LLC  ALONG THE GRAIN, LLC  Maing Address 1889 COLUNS LANDING RD. 1885 COLUNS L	ANNUAL REPORT					I FN			
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Solle, Apr. # etc.  Apriled For Mon Applied For Non Applied For Non Applied For Non Applied For Non Applied For O.5-0594591  E. The above named Address of Current Registered Agent  MOSS, CHRISTOPHER 1889 COLLINS LANDING RD.  TALLAHASSEE, FL 92310  City FL Zip Code  8. The above named orith; submits its latament for the purpose of changing as registered oriting, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent.  We supply that the process of the part	ł			ND.					
City & State  Ci	2. Principal Place of Business  3. Mailing Address  805 5. Maconb st., P.O. 130 K			544					
Non-Application   Non-Applic	Suite, Apt. #, etc. Suite, Apt. #, etc.				04152005	Chg-LLC	CR2E083 (10/03)	)	
Name and Address of New Registered Agent   Name	City & Stat	II I // //	Tall al-asse.	Tallabassee 7/			<u>-</u>		
S. Name and Address of New Registered Agent  MOSS, CHRISTOPHER B88 COLLINS LANDING RD. TALLAHASSEE, FL 32310  City  FL  Zip Code  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 lamiliar with, and accept the obligations of registered agent agent and the Full Full Full Full Full Full Full Ful	Zip 3.7.3	302 Country LEON USA	<sup>Zip</sup> 32302-0544	Eountry IN S A	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named ontity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I ran familiar with, and accept the obligations of Florida Department of State  Filling Fee is \$50.00  Make check payable to Florida Department of State  ITILE  MORN  MORN  MORN  MORN  MORN  MORN  MORS, CHRISTOPHER  Debete  ITILE  Debete  ITILE	6. Name and Address of Current Registered Agent					Address of New F	Registered Agent		
B. 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 collipations of registered agent.	1889 COLLINS LANDING RD. Street Address				(P.O. Box Numb	er is Not Acceptabl	e)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the onligations of registered agent.  ### 1965  ### 1965  ### 1965  ### 1965  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ### 1966  ###				City			El Zip Co	đe	
SIGNATURE    Signature typic or prince raine or registered agent and tall if applicable   (NOTE Registered Agent signature reculted when remissaring)   DATE	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								
FIIIng Fee is \$50.00 Due by May 1, 2005  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  ITTLE MARM MOSS, CHRISTOPHER STRETA ADDRESS CITY-ST-2P  TALLAHASSEE, FL 32310  Delete  TITLE MAME STRETA ADDRESS CITY-ST-2P	SIGNATURE 4/18/05								
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SIGNATURE: Will Man 4/14/05 528:1154	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
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