2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000001107

1. Entity Name
GRAHAM FAMILY TRUST, L.L.C.

Principal Place of Business	Mailing Address
932 DOLPHIN DRIVE JUPITER, FL 33458	932 DOLPHIN DRIVE JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

04082007No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-6591420
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DELISI, MARTIN V E.A.
4361 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

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

Filing Fee is $50.00
Due by May 1, 2007

U00000724223
05/02/07-80102-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAHAM, MICHAEL WAITE
STREET ADDRESS	932 DOLPHIN DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	GRAHAM, SUSANNE OENBRI
STREET ADDRESS	932 DOLPHIN DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael W Graham 4/16/07 561-641-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #