



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000009678		
1. Entity Name STEPHEN E. DEGRAFF, L.L.C.		
Principal Place of Business 24024 STATE ROAD 26 MELROSE, FL 32666		Mailing Address P.O. BOX 954 MELROSE, FL 32666
DO NOT WRITE IN THIS SPACE		
		
01102008 No Chg-LLC CR2E083 (12/07)		
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DEGRAFF, TERESA A 24024 STATE ROAD 26 MELROSE, FL 32666		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
000000805078 02/05/08-80093-020 143.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, STEPHEN E 24024 STATE ROAD 26 MELROSE, FL 32666	
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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: <i>Stephen E. DeGriff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>1-24-08</i> Daytime Phone # <i>352-745-1732</i>