

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# L04000010379

Entity Name: THOMAS R. GRABOWSKI, LLC

**Current Principal Place of Business:**

17305 CAPRI DR.  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

17305 CAPRI DR.  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRABOWSKI, THOMAS R  
17305 CAPRI DR.  
FORT MYERS, FL 33912    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      GRABOWSKI, THOMAS R  
Address:                      17305 CAPRI DR.  
City-St-Zip:                      FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS R GRABOWSKI                      MR                      03/15/2007

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