

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016235

Entity Name: GREGOR RORISON, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

3510 ASHMORE LANE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3510 ASHMORE LANE
PACE, FL 32571

New Mailing Address:

810 MALDONADO DR
PENSACOLA BEACH, FL 32561

FEI Number: 45-0535838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RORISON, GREGOR M MR.
3510 ASHMORE LANE
PACE, FL 32571 US

Name and Address of New Registered Agent:

RORISON, GREGOR M
810 MALDONADO DR
PENSACOLA BEACH, FL 32561 US

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: GREGOR M RORISON

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTGOMERY, VALERIE V MS
Address: 3510 ASHMORE LANE
City-St-Zip: PACE, FL 32571 SR

Title: MGRM () Delete
Name: RORISON, GREGOR M MR
Address: 3510 ASHMORE LANE
City-St-Zip: PACE, FL 32571 SR

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONTGOMERY, VALERIE V
Address: 810 MALDONADO DR
City-St-Zip: PENSACOLA BEACH, FL 32561 ES

Title: MGRM (X) Change () Addition
Name: RORISON, GREGOR M
Address: 810 MALDONADO DR
City-St-Zip: PENSACOLA BEACH, FL 32561 ES

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: VALERIE MONTGOMERY

MGR

04/17/2006

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