

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016235

Entity Name: GREGOR RORISON, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

810 MALDONADO DRIVE  
PENSACOLA BEACH, FL 32561

## New Principal Place of Business:

810 MALDONADO ST  
PENSACOLA BEACH, FL 32561

## Current Mailing Address:

5018 EL CHARLEE ST.  
EVERETT, WA 98203

## New Mailing Address:

P.O. BOX 671  
GULF BREEZE, FL 32562

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  
810 MALDONADO DR  
PENSACOLA BEACH, FL 32561 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: MONTGOMERY, VALERIE V  
Address: 810 MALDONADO DR  
City-St-Zip: PENSACOLA BEACH, FL 32561 ES

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MONTGOMERY, VALERIE V  
Address: P.O. BOX 671  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGRM (X) Change ( ) Addition  
Name: RORISON, GREGOR M  
Address: P.O. BOX 671  
City-St-Zip: GULF BREEZE, FL 32562

I hereby certify that the information supplied with this filing does not qualify 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: GREGOR RORISON

MGRM

04/30/2009

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