

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018446

Entity Name: GRA HOLDINGS, LLC.

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

11530 S.W. 92ND STREET
MIAMI, FL 33176

New Principal Place of Business:

13501 S.W. 118 PASSAGE
MIAMI, FL 33186

Current Mailing Address:

11530 S.W. 92ND STREET
MIAMI, FL 33176

New Mailing Address:

13501 S.W. 118 PASSAGE
MIAMI, FL 33186

FEI Number: 84-1640552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, JORGE A
11530 S.W. 92ND STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

BUSTAMANTE, JORGE A
13501 S.W. 118 PASSAGE
MIAMI, FL 33186 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:

03/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BUSTAMANTE, JORGE A
Address: 11530 S.W. 92ND STREET
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: GOMEZ, TONY E
Address: 7029 LOCH ISLE DRIVE SOUTH
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUSTAMANTE, JORGE A
Address: 13501 S.W. 118 PASSAGE
City-St-Zip: MIAMI, FL 33186

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 Section 119.07(3)(i), 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: JORGE A. BUSTAMANTE

MGR

03/15/2005

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