

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026077

FILED
Jan 12, 2005
Secretary of State

Entity Name: GRACE UNLIMITED, LLC

Current Principal Place of Business:

4325 SW 139 COURT
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

4325 SW 139 COURT
MIAMI, FL 33175 US

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:

FINLAY, JUSTA B
4325 SW 139 COURT
MIAMI, FL 33175 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/MEMBERS:

Title: MGRM () Delete
Name: FINLAY, JUSTA B
Address: 4325 SW 139 COURT
City-St-Zip: MIAMI, FL 33175 US

Title: MGR () Delete
Name: FINLAY, JORGE G
Address: 4325 SW 139 COURT
City-St-Zip: MIAMI, FL 33175 US

Title: MGR () Delete
Name: FINLAY, JORGE G JR.
Address: 14679 EAGLES CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR () Delete
Name: FINLAY, JUAN C
Address: 4325 SW 139 COURT
City-St-Zip: MIAMI, FL 33175 US

Title: MGR () Delete
Name: FINLAY, ROBERT W
Address: 4325 SW 139 COURT
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES:

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

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

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

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

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: JUAN C. FINLAY

MGR

01/12/2005

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