2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90017 041 ****50.00

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1. Entity Name
GRACELINE LAKEWOOD SHORES, LLC

Principal Place of Business	Mailing Address
3880 34TH AVENUE SOUTH, SUITE D ST. PETERSBURG, FL 33711	4905 34TH STREET SOUTH, #264 ST. PETERSBURG, FL 33711

05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
4905 34th Street South			
Suite, Apt. #, etc. #264		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33711	Country US	Zip	Country

4. FEI Number 55-0865464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH-ABDULLAH, DELLA
C/O ROUSON & BRUMLEY, P.A.
3110 1ST AVE. N., STE. 5-W
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name Della Hatch-Abdullah
Street Address (P.O. Box Number is Not Acceptable) 2121 Barcelona Way S
City St. Petersburg FL Zip Code 33712

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Della Hatch-Abdullah 4/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDULLAH, M. TAALIB 3880 34TH AVENUE SOUTH, SUITE D ST. PETERSBURG, FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M. Taalib Abdullah 2121 Barcelona Way S St. Petersburg, FL 33712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] M. Taalib Abdullah 4-30-06 727-867-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #