2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90017 042 ****50.00

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1. Entity Name
GRACELINE HOMES, LLC

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

05012006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 20-1346718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATCH-ABDULLAH, DELLA C/O ROUSON & BRUMLEY 3110 1ST AVENUE N. STE. 6W ST. PETERSBURG, FL 33713	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	MGRM ABDULLAH, TAALIB 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AHMED, QASIM 3880 34TH AVENUE SOUTH #E ST. PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgrm Qasim Ahmed 4002 Copeland Road Tampa, FL 33637	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] Qasim Ahmed 4-30-06 727-867-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #