

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044357

FILED
Jan 10, 2006
Secretary of State

Entity Name: GREMAR, LLC

Current Principal Place of Business:

1999 THESY DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

4154 FENROSE CIRCLE
MELBOURNE, FL 32940

Current Mailing Address:

P.O. BOX 411122
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 20-1236828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQ.
1999 THESY DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

COLEMAN, CHRISTOPHER J ESQ.
4154 FENROSE CIRCLE
MELBOURNE, FL 32940 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:

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATHEN, W. GREGORY
Address: 1999 THESY DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM () Delete
Name: WATHEN, MARY L
Address: 1999 THESY DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATHEN, W. GREGORY
Address: 4154 FENROSE CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM (X) Change () Addition
Name: WATHEN, MARY L
Address: 4154 FENROSE CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the 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: W. GREGORY WATHEN

MGRM

01/10/2006

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