


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 8:44

DOCUMENT # L04000053311					
1. Entity Name GRAY & GORENFLO PROPERTIES, LLC					
Principal Place of Business 901 E 2ND STREET SANFORD, FL 32771		Mailing Address 901 E 2ND STREET SANFORD, FL 32771			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1680128	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, MICHAEL E 901 E 2ND STREET SANFORD, FL 32771			Name <i>Clifton H. Gorenflo</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>901 E. 2nd St.</i>		
			City <i>Sanford</i>	FL	Zip Code <i>32771</i>
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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable.		DATE	
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY, MICHAEL E 901 E 2ND STREET SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400125503374</b> <b>04/24/08--01008--006 **50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORENFLO, RACHEL A 901 E 2ND STREET SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORENFLO, CLIFTON H 901 E 2ND STREET SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
				Daytime Phone #	