2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2005 8:00 am DOCUMENT # L04000060751 **Secretary of State** 1. Entity Name 02-23-2005 90157 022 ****50.00 GRACELAND SAFARI, LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address GRAZYNA RICHTER-BEAMAN 8374 MARKET STREET, #423 BRADENTON FL 34202 GRAZYNA RICHTER-BEAMAN 8374 MARKET STREET, #423 BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 203288 Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHTER-BEAMAN, GRAZYNA Street Address (P.O. Box Number is Not Acceptable) 8374 MARKET STREET, #423 **BRADENTON FL 34202** Zip Code City 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition TITLE MGR ☐ Delete TITLE RICHTER-BEAMAN, GRAZYNA NAME NAME STREET ADDRESS STREET ADDRESS 8374 MARKET STREET, #423 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete HILE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED