

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060956

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GRAYTON GROUP LIMITED II, LLC

**Current Principal Place of Business:**

4421 COMMONS DR E  
400  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4421 COMMONS DR E  
400  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 20-1501466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CURTIS, DAN  
4421 COMMONS DR E  
400  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CURTIS, DAN  
Address: 4421 COMMONS DR E #400  
City-St-Zip: DESTIN, FL 32541

Title: MGR ( ) Delete  
Name: DAHLBERG, A.W.  
Address: 1871 CHARTWELL TRACE  
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: MGR ( ) Delete  
Name: FLOYD, JEFF  
Address: 4915 FOUR OAKS COURT  
City-St-Zip: ATLANTA, GA 30360

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAN CURTIS

MGRM

04/29/2009

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