




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083326 1. Entity Name GRAFTED BRANCH, LLC						<div style="transform: rotate(-15deg);"> FILED 05 SEP -6 AM 8:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 5639 CYPRESS CIRCLE TALLAHASSEE, FL 32303				Mailing Address P.O. BOX 180325 TALLAHASSEE, FL 32318-0325			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			 05312005 Chg-LLC CR2E083 (10/03)	
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent AUDU, DEBORAH 5639 CYPRESS CIRCLE TALLAHASSEE, FL 32303				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUDU, JONATHAN 5639 CYPRESS CIRCLE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em;">400059460544</div> <div style="font-size: 0.8em;">09/08/05--01055--009 **50.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUDU, DEBORAH 5639 CYPRESS CIRCLE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/6/05 850/559-0024
Date Daytime Phone #