

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90028 030 ****50.00

20037221



DOCUMENT # L04000086124					
1. Entity Name GRAVES AND ASSOCIATES, LLC					
Principal Place of Business 1517 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034			Mailing Address 1517 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 96029 PIEDMONT DR.		3. Mailing Address 96029 PIEDMONT DR.		04252006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL			
Zip 32034		Country U. S. A.		4. FEI Number 20-2162460	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAVES, JOHN G 1517 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name: JOHN G. GRAVES Street Address (P.O. Box Number is Not Acceptable): 96029 PIEDMONT DR. City: FERNANDINA BEACH, FL Zip Code: 32034		
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: 4/25/06 <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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, JOHN G		NAME	GRAVES, JOHN G.	
STREET ADDRESS	1517 ATLANTIC AVENUE		STREET ADDRESS	96029 PIEDMONT DR.	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034		CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, MARTHA V		NAME	GRAVES, MARTHA V.	
STREET ADDRESS	1517 ATLANTIC AVENUE		STREET ADDRESS	96029 PIEDMONT DR.	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034		CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			4/25/06 904 277-0948		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					