

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087086

FILED
Aug 12, 2005
Secretary of State

Entity Name: GRANITE FASHION & DESIGN, LLC

Current Principal Place of Business:

4307 GENERAL KEARNY CT.
CHANTILLY, VA 20151 US

New Principal Place of Business:

4270 DOW ROAD
UNITS 405 AND 406
MELBOURNE, FL 32934 US

Current Mailing Address:

4307 GENERAL KEARNY CT.
CHANTILLY, VA 20151 US

New Mailing Address:

FEI Number: 20-1965867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

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: MGR () Delete
Name: BAXTER, JAMES M
Address: 4307 GENERAL KEARNY CT.
City-St-Zip: CHANTILLY, VA 20151 US

Title: MGRM () Delete
Name: JACKSON, LAUREL
Address: 4307 GENERAL KEARNY CT.
City-St-Zip: CHANTILLY, VA 20151 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAXTER, JAMES M
Address: 4270 DOW ROAD
City-St-Zip: MELBOURNE, FL 32934 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAUREL JACKSON

MGRN

08/12/2005

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