


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90148 025 ****50.00

DOCUMENT # L05000000189			
1. Entity Name GRAU & COMPANY, PLLC			
Principal Place of Business 2700 N. MILITARY TRAIL SUITE 350 BOCA RATON, FL 33431 US		Mailing Address 2700 N. MILITARY TRAIL SUITE 350 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2086380		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 HENRY L. JANUS, CPA, P.A. 2700 N. MILITARY TRAIL SUITE 350 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY L. JANUS, CPA, P.A. 2700 N. MILITARY TRAIL, SUITE 350 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONION J. GRAU, CPA, P.A. 2700 N. MILITARY TRAIL, SUITE 350 MIAMI, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEPH W. CURRAN, CPA, P.A. 2700 N. MILITARY TRAIL, SUITE 350 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANUEL M. GARCIA, CPA, P.A. 1110 BRICKELL AVENUE, PH #2 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PABLO LLERENA, CPA, P.A. 1110 BRICKELL AVENUE, PH #2 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICARDO SANTOS, CPA, P.A. 1110 BRICKELL AVENUE, PH #2 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joseph W. Curran</i>		Date: <i>2/7/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



ATTACHMENT

30001075

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

GRAU & COMPANY, PLLC
2700 N. MILITARY TRAIL
SUITE 350
BOCA RATON, FL 33431 US

Subject: GRAU & COMPANY, PLLC

Reference Number: L05000000189

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION

John
2/23/06