

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-20-2007 90027 027 ****50.00

DOCUMENT # L05000003476 1. Entity Name GRAYHILLS MOHIP DEVELOPMENT, LLC			
Principal Place of Business 12794 WEST FOREST HILL BLVD., STE. 27A WELLINGTON, FL 33414		Mailing Address 12794 WEST FOREST HILL BLVD., STE. 27A WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box # <u>250 Professional Way</u> Suite, Apt. #, etc.		3. Mailing Address <u>250 Professional Way</u> Suite, Apt. #, etc.	
City & State <u>Wellington FL</u>		City & State <u>Wellington FL</u>	
Zip <u>33414</u>		Zip <u>33414</u>	
4. FEI Number 20-2702410		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 WILKINSON, KEVIN D ESQ 12794 WEST FOREST HILL BLVD., STE. 27A WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name <u>Merry Lindberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>Malloy Law Group</u> <u>PO Box 8858</u> Suite 104 City <u>Jupiter</u> FL <u>33468</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and date if applicable.</small>		DATE: <u>4/2/07</u> <small>NOTE: Registered Agent signature required when submitting.</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make Check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAYHILLS, LAURENCE A.I. 12794 WEST FOREST HILL BLVD., STE. 27A WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>250 Professional Way</u> <u>Wellington FL 33414</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOHIP, VIKRAM 12794 WEST FOREST HILL BLVD., STE. 27A WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>250 Professional Way</u> <u>Wellington FL 33414</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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 606, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4/2/07</u> <u>561-798-1600</u> <small>Date Daytime Phone #</small>	

30007037



03282007 Chg-LLC CR2E083 (12/06)

1907 Commerce Lane

ATTACHMENT

Florida Department of Revenue
Sales and Use Tax
Credit Memo

02/07/2007



GRAYHILLS MOHIP DEVELOPMENT LLC
250 PROFESSIONAL WAY
WELLINGTON FL 33414-6391

3 0007037 DR-330145
#L0500003476 R. 08/04

Certificate # : 60-8013638558-1
Business Partner # : 2306042
Contract Object # : 13638558
FEIN : 20-2702410
Collection Period Begin : 12/01/2006
Collection Period End : 12/31/2006
Return Due Date : 01/22/2007

Location Address:

GRAYHILLS MOHIP DEVELOPMENT LLC
250 PROFESSIONAL WAY
WELLINGTON FL 33414-6391

Our records indicate your *Sales and Use Tax Return* (Form DR-15) for the collection period shown above does not agree with our calculations. We have calculated your return as follows:

Line Number on Return	As Filed on Your Return	As Computed by Dept. of Revenue	Difference
Line 5 Total Amount of Tax Collected	0.00	495.30	495.30
Line 6 Less Lawful Deductions	0.00	0.00	0.00
Line 7 Total Tax Due	495.30	495.30	0.00
Line 8 Less Est. Tax Paid/DOR Credit Memo	0.00	0.00	0.00
Line 9 Plus Est. Tax Due Current Month	0.00	0.00	0.00
Line 10 Amount Due	495.30	495.30	0.00
Line 11 Less Collection Allowance	0.00	12.38	12.38
Line 12 Plus Penalty	0.00	0.00	0.00
Line 13 Plus Interest	0.00	0.32	0.32
Line 14 Amount Due with Return	495.30	483.24	12.06
Amount Paid with Return		495.30	12.06

This results in a credit due to you in the amount of \$ 12.06

Please compare your records to this information. If you believe this credit was issued in error, you should request a correction. You may be required to submit an amended return or other written documentation before final resolution. Refer to your sales and use tax coupon book instructions for guidelines on submitting amended returns. Send the amended return and a letter explaining the corrections to Sales Tax Collection Services, Florida Department of Revenue, Bonham Building, 5050 W Tennessee St, Tallahassee FL 32399-0125.

To use this credit – Enter the amount of the credit on **Line 8** of your next *Sales and Use Tax Return* (Form DR-15). However, if you are filing **Form DR-15EZ**, take the credit on **Line 6**. If the credit memo exceeds the total tax due, then you may claim the balance on your tax return for the following collection period. If you are no longer collecting and remitting sales and use tax, you may apply online for a refund at www.myflorida.com/dor/taxes/refunds.html. If you do not have Internet access, contact the Department to request an *Application for Refund - Sales and Use Tax* (Form DR-26S). For more information on credit memos, refer to your sales and use tax coupon book instructions.

To contact the Department – If you have questions or need further information concerning this credit, call 800-352-3671 or 850-488-6800, Monday through Friday, 8 a.m. to 7 p.m., ET, or write to Sales Tax Collection Services, Florida Department of Revenue, Bonham Building, 5050 W Tennessee St, Tallahassee FL 32399-0125. Hearing or speech impaired persons may call the TDD line at 800-367-8331 or 850-922-1115.