


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90011 012 ****50.00

DOCUMENT # L05000003950 1. Entity Name GRAFFAM MEDIA, LLC					
Principal Place of Business 1234 TRACY DRIVE PORT ORANGE, FL 32129			Mailing Address 1234 TRACY DRIVE PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box # 142 Lewis Street		3. Mailing Address 142 Lewis Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Edgewater, FL		City & State Edgewater, FL		4. FEI Number 41-2164232	
Zip 32141		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01032007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GRAFFAM, MICHELLE 1234 TRACY DRIVE PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name Michelle Graffam Street Address (P.O. Box Number is Not Acceptable) 142 Lewis Street City Edgewater FL Zip Code 32141		
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 Michelle Graffam DATE January 11, 2007 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</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 GRAFFAM, MICHELLE 1234 TRACY DRIVE PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: Michelle Graffam <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/11/07 <small>Daytime Phone #</small>		

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