

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030668

**Entity Name:** GRACE MANAGEMENT, LLC

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

225 S. WESTMONTE DRIVE  
SUITE 1050  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

225 S. WESTMONTE DRIVE  
SUITE 1050  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 20-2541423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, JAMES P  
419 CURRY COURT  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:** MM  
**Name:** GARY, GREG  
**Address:** 106 COVERIDGE LANE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MM  
**Name:** CLARK, JAMES P  
**Address:** 419 CURRY COURT  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby 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:** JAMES P CLARK

MGMR

04/01/2011

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