
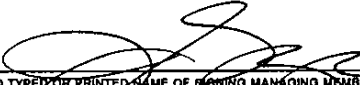


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90051 003 ****55.00

DOCUMENT # L05000033524 1. Entity Name GRAZIANO ROOFING OF FLORIDA LLC			
Principal Place of Business 916 NORTH MARLIN CIRCLE JUPITER, FL 33458		Mailing Address P.O. BOX 1066 SANTA CLARA, CA 91386	
2. Principal Place of Business 17177 127TH Dr. N Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1066 Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Canyon Country, Ca	
Zip 33478		Zip 91386	
Country		Country	
4. FEI Number 59-3802226		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME GRAZIANO, JOE	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 916 NORTH MARLIN CIRCLE	CITY-ST-ZIP JUPITER, FL 33458	17177 127TH Dr North Jupiter, FL 33478	
TITLE MGR	NAME STANFORD, ADAM	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 916 NORTH MARLIN CIRCLE	CITY-ST-ZIP JUPITER, FL 33458	17177 127TH Dr North Jupiter FL 33478	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		9/11/06	407-252-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #