2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-20-2006 90143 050 ****50.00

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1. Entity Name
GRAMS, LLC

Principal Place of Business	Mailing Address
175 S. E. 25TH ROAD, UNIT E-8 MIAMI, FL 33133	175 S. E. 25TH ROAD, UNIT E-8 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1170826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARENSON, MADELINE
175 S. E. 25TH ROAD, UNIT E-8
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name NA

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PRESIDENT MADELINE S. ARENSON 175 SE 25th RD #8E MIAMI, FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ 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: [signature] 2/16/06 (305) 285-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #