

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046059

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** GRAHAM GROVES DEVELOPMENT, LLC

**Current Principal Place of Business:**

10519 NW 67TH COURT  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

10519 NW 67TH COURT  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 20-2977695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHAFFEL, NEIL  
3300 UNIVERSITY DRIVE  
SUITE 709  
CORAL SPRINGS, FL 33065 US

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: MGRM ( ) Delete  
Name: FJ3 DEVELOPMENT, LLC,  
Address: 10519 N.W. 67TH COURT  
City-St-Zip: PARKLAND, FL 33076

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: DEBERSIO, JOHN M MR  
Address: 10519 NW 67 COURT  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN DEBERSIO

MR

05/01/2007

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