

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068687

Entity Name: GRACE'S GARDEN, LLC

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

2617 48TH STREET S.
GULFPORT, FL 33711

New Principal Place of Business:

419 W OLD HILLSBOROUGH AVE
SEFFNER, FL 33584

Current Mailing Address:

2617 48TH STREET S.
GULFPORT, FL 33711

New Mailing Address:

P O BOX 1700
SEFFNER, FL 33583

FEI Number: 20-3148901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, JEAN
2617 48TH STREET S.
GULFPORT, FL 33711 US

Name and Address of New Registered Agent:

FRENCH, JEAN
419 W OLD HILLSBOROUGH AVE
SEFFNER, FL 33584 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:

02/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRENCH, JEAN
Address: 2617 48TH STREET S.
City-St-Zip: GULFPORT, FL 33711

Title: MGRM () Delete
Name: PRO, AARON
Address: 419 W OLD HILLSBOROUGH AVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRENCH, JEAN
Address: 419 W OLD HILLSBOROUGH AVE
City-St-Zip: SEFFNER, FL 33584

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

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: JEAN FRENCH

MGMB

02/20/2009

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