## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # L05000075745** 04-20-2006 90028 032 \*\*\*\*50.00 1. Entity Name GRANITE GALLERY, LLC Principal Place of Business 20033343 Mailing Address 4934 N 33RD COURT HOLLYWOO, FL 33021. 4934 N. 33RD COURT HOLLYWOO, FL 33021 HOLLYWOOD HOLLYWOOD 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FELNumber Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALEMI, TERESA Street Address (P.O. Box Number is Not Acceptable) 4934 N. 33RD COURT HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Addition ☐ Delete ☐ Change SALEMI, FRANCESCO NAME NAME STREET ADDRESS 4934 N. 33RD COURT STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ■ Addition DE LA MATA, RENZO C NAME NAME STREET ADDRESS 2602 SCOTT STREET STREET ADDRESS CITY ST-7IP HOLLYWOOD, FL 33020 CITY-ST-7IP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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** AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #