


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90287 037 \*\*\*\*50.00

<b>DOCUMENT # L05000105125</b>		
1. Entity Name GRAT MANAGEMENT LLC		

Principal Place of Business 218 E BEARSS AVE SUITE 409 TAMPA, FL 33613 US	Mailing Address 218 E BEARSS AVE SUITE 409 TAMPA, FL 33613 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3705433</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCAGLIONE, RONALD E 218 E BEARSS AVE # 409 TAMPA, FL 33613		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 _____
-----------------	--	------------

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE RONALD E. SCAGLIONE GRAT		NAME		
STREET ADDRESS	218 E. BEARSS AVE # 409		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE CARMEN Y. SCAGLIONE GRAT		NAME		
STREET ADDRESS	218 E. BEARSS AVE # 409		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> _____	<b>3/9/06</b> <b>813-908-2211</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #