



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 011 ***138.75

DOCUMENT # L05000106501 1. Entity Name GRAYSTONE GROUP, LLC					
Principal Place of Business 4025 CATTLEMEN RD #163 SARASOTA, FL 34233			Mailing Address 4025 CATTLEMEN RD #163 SARASOTA, FL 34233		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04232008 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-3768071	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEAT, TIMOTHY 2829 CATTLEMEN ROAD SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name MARK T. McCool Street Address (P.O. Box Number is Not Acceptable) 5684 Eastwind DR City Sarasota FL Zip Code 34233		
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 <u><i>Mark T. McCool</i></u> DATE <u><i>4-29-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JENMAR GROUP, LLC 4025 CATTLEMEN RD SUITE 163 SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Mark T. McCool</i></u> <i>Is Managing Member</i> <i>4-29-08</i> <i>941-928-5752</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					