

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-02-2006 90024 046 ****50.00

DOCUMENT # L05000113731

1. Entity Name
GR8COM, LLC



Principal Place of Business **CHANGE** Mailing Address
7564 BELLA VERDE WAY **7564 BELLA VERDE WAY**
DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446**
US **US**

2. Principal Place of Business **2518 NW BOCA RATON BLVD** 3. Mailing Address **2518 NW BOCA RATON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **BOCA RATON FL** City & State **BOCA RATON FL**
 Zip **33431** Country **USA** Zip **33431** Country **USA**

1st MOORE CR2E083 (10/05)

4. FEI Number **20-3849400** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEINSTEIN, MURRAY
7564 BELLA VERDE WAY
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

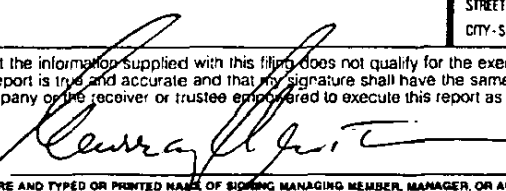
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when resigning)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINSTEIN, MURRAY 7564 BELLA VERDE WAY DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **4/28/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #