

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000024040

1. Entity Name
GRACE'S MARKETPLACE EXPRESS, LLC



Principal Place of Business
**284 BEACH DRIVE NE
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**284 BEACH DRIVE NE
SAINT PETERSBURG, FL 33701 US**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 75-3210948 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FABISIAK, CHRISTOPHER
284 BEACH DRIVE NE
SAINT PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGR |
| NAME | FABISIAK, CHRISTOPHER |
| STREET ADDRESS | 284 BEACH DR NE |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |

| | |
|----------------|----------------------------|
| TITLE | MGR |
| NAME | FABISIAK, INOK |
| STREET ADDRESS | 284 BEACH DR |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |

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U000000848999
03/21/08-80002-022 138.75

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/08 (227) 894-3330
Date Daytime Phone #