

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027208

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: GRANOLA GIRL DESIGNS, LLC

## Current Principal Place of Business:

10026 PLANK LANE  
JACKSONVILLE, FL 32220

## New Principal Place of Business:

## Current Mailing Address:

10026 PLANK LANE  
JACKSONVILLE, FL 32220

## New Mailing Address:

FEI Number: 20-4476460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODS, CAROLYN M  
10026 PLANK LANE  
JACKSONVILLE, FL 32220 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WOODS, CAROLYN M  
Address: 10026 PLANK LANE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGR ( ) Delete  
Name: KREWS, JANET  
Address: 5323 THOROUGHFBREAD BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR ( ) Delete  
Name: STANSBURY, LESLIE L  
Address: 10026 PLANK LANE  
City-St-Zip: JACKSONVILLE, FL 32220

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLYN M. WOODS

MGR

01/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date