

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90217 047 \*\*\*\*50.00

<b>DOCUMENT # L06000055864</b> 1. Entity Name <b>GRAZIELLA, LLC</b>					
Principal Place of Business <b>341 WORTH AVENUE PALM BEACH, FL 33480</b>			Mailing Address <b>341 WORTH AVENUE PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0778856</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GERSHON, HOLLY G 1489 W. PALMETTO PARK ROAD SUITE 425 BOCA RATON, FL 33486</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Jerrold G. Brooks</b> Street Address (P.O. Box Number is Not Acceptable) <b>432 Gulfstream Road</b> City <b>Lake Worth, FL 33461</b> <b>FL</b> 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 <i>Jerrold G. Brooks</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>2/10/2007</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CAMPBELL, MARY 341 WORTH AVENUE PALM BEACH, FL 33486</b> <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: <i>Jerrold G. Brooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/10/2007</b>		Daytime Phone # <b>561-966-9687</b>