


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90312 023 \*\*\*\*50.00

<b>DOCUMENT # L06000062129</b>	
1. Entity Name <b>GRAY ENTERPRISES OF JACKSONVILLE, LLC</b>	

Principal Place of Business <b>5836 TIUQUANA ROAD JACKSONVILLE, FL 32210</b>	Mailing Address <b>5836 TIUQUANA ROAD JACKSONVILLE, FL 32210</b>
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2. Principal Place of Business - No P.O. Box # <b>5836 Timaguana Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>5836 Timaguana Rd</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32210</b>	Zip <b>32210</b>
Country	Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-2896392</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BARKER &amp; BARKER, P.A. 4244 ST. JOHNS AVE. JACKSONVILLE, FL 32210</b>	
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7. Name and Address of New Registered Agent Name <b>Mary Ann Carlson</b> Street Address (P.O. Box Number is Not Acceptable) <b>165 Wells Road</b> <b>Suite 304</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b>	
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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 <b>Mary Ann Carlson</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4-25-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, TERRY E 5836 TIUQUANA ROAD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5836 Timaguana Rd.</b> <b>Jacksonville, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, TONY A 5836 TIUQUANA ROAD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5836 Timaguana Rd.</b> <b>Jacksonville, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Terry Clark</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>4/27/07</b> (904) 777-5456 <small>Daytime Phone #</small>