

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074688					
1. Entity Name <b>GRAPEY, L.L.C.</b>					
Principal Place of Business 1803 SO. AUSTRALIAN AVE., SUITE A WEST PALM BEACH, FL 33409			Mailing Address 1803 SO. AUSTRALIAN AVE., SUITE A WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # <b>861 W MORSE BLVD</b>		3. Mailing Address <b>861 W MORSE BLVD</b>			
Suite, Apt. #, etc. <b>SUITE 250</b>		Suite, Apt. #, etc. <b>SUITE 250</b>		09232008    Chg-LLC    CR2E083 (12/06)	
City & State <b>WINTER PARK FL</b>		City & State <b>WINTER PARK FL</b>		4. FEI Number APPLIED FOR <b>30-0374413</b>	
Zip <b>32789</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HODGES, LARRY W</b> <b>1803 SO AUSTRALIAN AVE., SUITE A</b> <b>WEST PALM BECH, FL 33409</b>			7. Name and Address of New Registered Agent Name <b>DON L BROWN ESG</b> Street Address (P.O. Box Number is Not Acceptable) <b>503 VERSAILLES DR STE 100</b> City <b>MAITLAND</b> FL    Zip Code <b>32751</b>		
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>DON L BROWN ESG</b> DATE <b>9/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGES, LARRY W 1803 SO. AUSTRALIAN AVE., SUITE A WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHELDON GREENE 861 W MORSE BLVD SUITE 250 WINTER PARK FL 32789	<input type="checkbox"/> Change <input checked="" 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	100136530624 10/01/08--01038--002    **138.75	<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	<b>REINSTATEMENT 2008</b>	<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>SHELDON GREENE</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date <b>9/23/08</b>			Daytime Phone # <b>407 647 5111</b>		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT -3 A 11:40

FILED