2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000104161

Entity Name: THE GRANITE SHOP, L.L.C.

Current Principal Place of Business:

1230 SEMINOLE DR.
INDIAN HARBOUR BCH., FL 32937

New Principal Place of Business:

Current Mailing Address:

1230 SEMINOLE DR.
INDIAN HARBOUR BCH., FL 32937

New Mailing Address:

FEI Number: 56-2617448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MULLENSKI, GARY R II
1230 SEMINOLE DR.
INDIAN HARBOUR BCH., FL 32937 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:	MGRM	( ) Delete
Name:	MULLENSKI, GARY R II	
Address:	1230 SEMINOLE DR.	
City-St-Zip:	INDIAN HARBOUR BCH., FL 32937	
Title:	MGRM	( ) Delete
Name:	MULLENSKI, GLENN P	
Address:	250 BORDEAUX AVE.	
City-St-Zip:	PALM BAY, FL 32907	
Title:	MGRM	( ) Delete
Name:	DE JESUS, MARGARET A	
Address:	1230 SEMINOLE DR.	
City-St-Zip:	INDIAN HARBOUR BCH, FL 32937	

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 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: MARGARET A DE JESUS MGRM 04/30/2007

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