

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105556

Entity Name: GRAY LAW GROUP, LLC

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

2202 NORTH WESTSHORE BLVD.  
200  
TAMPA, FL 33607 US

## Current Mailing Address:

2202 NORTH WESTSHORE BLVD.  
200  
TAMPA, FL 33607 US

## New Principal Place of Business:

1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL 33131 US

## New Mailing Address:

1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL 33131 US

FEI Number: 20-5798688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, BRIAN E ESQUIRE  
2202 NORTH WESTSHORE BLVD.  
200  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

GRAY, BRIAN E ESQUIRE  
1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL 33131 US

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: BRIAN GRAY, ESQUIRE

03/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GRAY, BRIAN E ESQUIRE  
Address: 2202 NORTH WESTSHORE BLVD. #200  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GRAY, BRIAN E ESQUIRE  
Address: 1111 BRICKELL AVENUE, 11TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

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: BRIAN GRAY, ESQ.

MGRM

03/22/2009

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