2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# L06000115319

Entity Name: GRAY EMINENCE LLC

Current Principal Place of Business:

1166 LEBANON CT
SANFORD, FL 32771 US

New Principal Place of Business:

139 WALNUT CREST RUN
SANFORD, FL 32771 US

Current Mailing Address:

1166 LEBANON CT
SANFORD, FL 32771 US

New Mailing Address:

139 WALNUT CREST RUN
SANFORD, FL 32771 US

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

Name and Address of Current Registered Agent:

CONE, HEATHER M
1166 LEBANON CT
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CONE, HEATHER M
139 WALNUT CREST RUN
SANFORD, FL 32771 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: 08/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONE, HEATHER M
Address: 1166 LEBANON CT
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM ( ) Delete
Name: SCHMITT, CHRISTOPHE
Address: 1166 LEBANON CT
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONE, HEATHER M
Address: 139 WALNUT CREST RUN
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM (X) Change ( ) Addition
Name: SCHMITT, CHRISTOPHE
Address: 139 WALNUT RUN
City-St-Zip: SANFORD, FL 32771 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: HEATHER CONE MGRM 08/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date