2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000019243

FILED Feb 29, 2008 8:00 am Secretary of State 01-18-2008 90019 038 ***138.75

GRAY LODGE PROPERTIES, LLC			:	
Principal Place of Business 1322 SW 12TH AVENUE GAINESVILLE, FL 32608 Mailing Address 1322 SW 12TH AVENUE GAINESVILLE, FL 32608				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. 6, etc. Suite, Apt. 6, etc.			01172008 Chg-LLC (CR2E083 (12/06)
City & State	City & State		120-878191	Applied For Not Applicable
Zip Country	ZIρ	Country	5. Certificate of Status Desired [\$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	stered Agent
HINES, JAMES P 315 S HYDE PARK AVENUE TAMPA, FL 33606		Street Address (15 P Relly (P.O. Box Number is Not Acceptable) SW 1272 AV	16-
		City College	aculle.	FI TOCOS CC
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 Signature, typed or private name of requiremed against	and title (application . [NOTE: Po	POLICE SQUARE SQUARE POLICE	d when renumang)	DATE
FILE NOWIN FER 18 \$138.75 After May 1, 2008 Fee will be \$538.75	,			eck payable to pertment of State
MANAGING.MEMBE	RS/MANAGERS	10.	ADDITIONS/CHA	VNGE\$
MAKE 147 Color Ela	JV 00000	TITLE NAVAE		Change Addition
CITY-ST-ZP Nellys Ford UK	22958	STREET ADDRESS CITY-SI-ZIP		
TITLE MAME STREET ADDRESS CITY-ST-20	☐ Delete	NUME STREET ADDRESS CITY-ST-ZP		☐ Chainge ☐ AddRion
TITLE NAME STREET ADDRESS CITY-ST-20	☐ Oxiete	TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE MAME STREET ADDRESS CITY-ST- 2P	□ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
TITLE MANNE STREET ADDRESS CITY-ST-2P	☐ Delcte	TITLE MAME STREET ADDRESS CITY-ST-IIP		Change (Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	□ Delcis	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
11. I hereby certify that the information supplied with this fiting 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 eath; that I em 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.				