

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000040159

FILED
Feb 16, 2009
Secretary of State**Entity Name:** G.R.A.M. LLC**Current Principal Place of Business:**5245 LIMESTONE DRIVE
PORT RICHEY, FL 34668**New Principal Place of Business:****Current Mailing Address:**5245 LIMESTONE DRIVE
PORT RICHEY, FL 34668**New Mailing Address:****FEI Number:** 20-8939907**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHITELAW-SIMPSON, DENISE L
10340 ALBERTA COURT
NEW PORT RICHEY, FL FL 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: SIMPSON, MICHAEL J SR
Address: 10340 ALBERTA COURT
City-St-Zip: NEW PORT RICHEY, FL 34654**Title:** MGR () Delete
Name: WHITELAW-SIMPSON, DENISE L
Address: 10340 ALBERTA COURT
City-St-Zip: NEW PORT RICHEY, FL 34654**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: SLIZ, HOLLY B
Address: 13448 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

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: MICHAEL J SIMPSON

MGRM

02/16/2009

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