

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043342

Entity Name: D.J. GRAIL COMPANY, LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

4745 S. ATLANTIC AVE., UNIT 505  
PONCE INLET, FL 32127

**New Principal Place of Business:**

73 AURORA AVE.  
PONCE INLET, FL 32127

**Current Mailing Address:**

4745 S. ATLANTIC AVE., UNIT 505  
PONCE INLET, FL 32127

**New Mailing Address:**

73 AURORA AVE.  
PONCE INLET, FL 32127

FEI Number: 26-0206370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARKIN, MARSHALL H  
149 SOUTH RIDGEWOOD AVE., SUITE 210  
DAYTONA BEACH, FL 32114 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: GRAIL, DONALD J  
Address: 4745 S. ATLANTIC AVE., UNIT 505  
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ELS, MEIJNS-GRAIL  
Address: 73 AURORA AVE.  
City-St-Zip: PONCE INLET, FL 32127

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: DONALD J. GRAIL

MGRM

03/24/2009

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