2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L07000083773

Entity Name: GARRETSON ASSOCIATES, LLC

Current Principal Place of Business:

10539 SW SOUTHGATE COURT
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

10539 SW SOUTHGATE COURT
PORT SAINT LUCIE, FL 34987

New Mailing Address:

FEI Number: 26-1135797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANDARINI, ROBYN
10539 SW SOUTHGATE COURT
PORT SAINT LUCIE, FL 34987 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:	CANDARINI, ROBYN	
Address:	10539 SW SOUTHGATE COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34987	
Title:	MGRM	( ) Delete
Name:	CANDARINI, PETER J	
Address:	10539 SW SOUTHGATE COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34987	
Title:	MGRM	( ) Delete
Name:	WERNER, DONNA	
Address:	22 GARRETSON AVE	
City-St-Zip:	STATEN ISLAND, NY 10304	
Title:	MGRM	( ) Delete
Name:	WERNER, ERIC	
Address:	22 GARRETSON AVE	
City-St-Zip:	STATEN ISLAND, NY 10304	

ADDITIONS/CHANGES:

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

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: ROBYN CANDARINI MGRM 01/05/2008

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