

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070992

Entity Name: GRANITE E HOLDINGS, L.L.C.

FILED  
Jan 09, 2009  
Secretary of State

## Current Principal Place of Business:

1227 28TH ST.  
ORLANDO, FL 32805 US

## New Principal Place of Business:

## Current Mailing Address:

828 MATTOCKS CT  
CASSELBERRY, FL 32707 US

## New Mailing Address:

500 MAPLE AVE  
SANFORD, FL 32771 US

FEI Number: 26-3281477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOLONE, ANTHONY G  
828 MATTOCKS CT.  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

TOLONE, ANTHONY G  
500 MAPLE AVE  
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: ANTHONY TOLONE

01/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOLONE, ANTHONY G  
Address: 828 MATTOCKS CT.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: BASSITT, LOTF J  
Address: 5293 AEOLUS WAY  
City-St-Zip: ORLANDO, FL 32808 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TOLONE, ANTHONY G  
Address: 500 MAPLE AVE  
City-St-Zip: SANFORD, FL 32771 US

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: ANTHONY TOLONE

MGRM

01/09/2009

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