

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008613

**Entity Name:** GRACE FINANCIAL GROUP, L.L.C.

**FILED**  
**Jan 03, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

117 HOLDERNESS DR  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

117 HOLDERNESS DR  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CLARK, JAMES  
117 HOLDERNESS DR  
LONGWOOD, FL 32779 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM  Delete  
Name: CLARK, JAMES P  
Address: 117 HOLDERNESS DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: JAMES P. CLARK

MGRM

01/03/2005

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