

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90453 031 \*\*\*\*\*50.00

**DOCUMENT # M02000002627**

1. Entity Name

GRAY HOLDINGS, LLC



Principal Place of Business

5004 MONUMENT AVE., SUITE 200  
RICHMOND VA 23230

Mailing Address

5004 MONUMENT AVE., SUITE 200  
RICHMOND VA 23230

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

City & State

4. FEI Number

54-1872713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DUFF, CHARLES F	
STREET ADDRESS	10 LOCKHART CIRCLE	
CITY-ST-ZIP	FREDERICKSBURG VA 22401	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY, BRUCE B	
STREET ADDRESS	5004 MONUMENT AVE., SUITE 200	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY, ELMON T	
STREET ADDRESS	5004 MONUMENT AVE., SUITE 200	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY, GARLAND II	
STREET ADDRESS	5004 MONUMENT AVE., SUITE 200	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY, HORACE A III	
STREET ADDRESS	5004 MONUMENT AVE., SUITE 200	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY, LAWRENCE L	
STREET ADDRESS	5004 MONUMENT AVE., SUITE 200	
CITY-ST-ZIP	RICHMOND VA 23230	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Horace A. Gray III*

Date

Daytime Phone #

4/19/04 804/359-8444