

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90030 024 ****50.00

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01042005 Chg-LLC CR2E083 (10/03)

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.		
City & State			City & State		
Zip		Country		4. FEI Number 54-1872713	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUFF, CHARLES F 10 LOCKHART CIRCLE FREDERICKSBURG, VA 22401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wallace Stettinius 5004 Monument Ave, Suite 200 Richmond, VA 23230	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, BRUCE B 5004 MONUMENT AVE., SUITE 200 RICHMOND, VA 23230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, ELMON T 5004 MONUMENT AVE., SUITE 200 RICHMOND, VA 23230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, GARLAND II 5004 MONUMENT AVE., SUITE 200 RICHMOND, VA 23230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, HORACE A III 5004 MONUMENT AVE., SUITE 200 RICHMOND, VA 23230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, LAWRENCE L 5004 MONUMENT AVE., SUITE 200 RICHMOND, VA 23230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Bruce B. Gray</i> 4/13/05 804/359-8444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					