2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 02, 2008 8:00 am
Secretary of State
04-02-2008 90153 008 ***138.75

DOCUMENT # M07000000298

1. Entity Name
GRAYSTON MORTGAGE, LLC

Principal Place of Business	Mailing Address
452 SYLVAN DRIVE WINTER PARK FL 32789	452 SYLVAN DRIVE WINTER PARK FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 1271
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Winter Park, FL
Zip / Country	Zip: 32790 / Country: USA

1st MOORE CR2E083 (10/07)

4. FEI Number 56-2632499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRSTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVENUE, SUITE 2600 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, ANTHONY R 452 SYLVAN DRIVE WINTER PARK FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Section 119, 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: Anthony R Gray 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #