


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90218 035 ****55.00

DOCUMENT # L02000021162

1. Entity Name
GRAN PARK WAY, LLC



Principal Place of Business
 1312 COMMERCE LANE, SUITE 2A
 JUPITER, FL 33458

Mailing Address
 1312 COMMERCE LANE, SUITE 2A
 JUPITER, FL 33458

2. Principal Place of Business
1312 Commerce Lane
 Suite, Apt. #, etc. *Suite 2A*

3. Mailing Address
1312 Commerce Lane
 Suite, Apt. #, etc. *Suite 2A*

City & State *Jupiter FL*

City & State *Jupiter FL*

Zip *33458* Country *Palm Beach*

Zip *33458* Country *Palm Beach*



01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

OLDHAM, WESLEY W
 1312 COMMERCE LANE, SUITE 2A
 JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name *David L. Alaniz*

Street Address (P.O. Box Number is Not Acceptable)
300 Georgian Park Dr.

City *Jupiter* FL Zip Code *33458*

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 *David L. Alaniz* DATE *03-23-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------------|------------------------|------------------------------|--------------------------|
| | <i>Managing Member</i> | <i>David L. Alaniz</i> | <i>300 Georgian Park Dr.</i> | <input type="checkbox"/> |
| | <i>Jupiter FL</i> | <i>33458</i> | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

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

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: *David L. Alaniz* DATE *03-23-04* 561 744-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #