

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060559

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** GRANTVENTURES DANIA CONDOS, LLC

**Current Principal Place of Business:**

4638 S.W. 32ND AVENUE  
DANIA BEACH, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

31 SOUTH CALVERT STREET  
600  
BALTIMORE, MD 21202

**New Mailing Address:**

10 EAST BALTIMORE STREET  
1500  
BALTIMORE, MD 21202

**FEI Number:** 20-5577067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ANTHONY S. ADELSON, P.A.  
2100 EAST HALLANDALE BEACH BLVD.  
400  
HALLANDALE BEACH, FL 33009 US

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

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/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GRANT, JON M  
**Address:** 31 SOUTH CALVERT STREET, SUITE 600  
**City-St-Zip:** BALTIMORE, MD 21202

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** GRANT, JON M  
**Address:** 10 EAST BALTIMORE STREET, SUITE 1500  
**City-St-Zip:** BALTIMORE, MD 21202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** JON M GRANT

MGRM

04/28/2009

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