

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101693

Entity Name: 420 GRANT STREET, LLC

FILED  
Feb 21, 2007  
Secretary of State

## Current Principal Place of Business:

315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806 US

## New Principal Place of Business:

## Current Mailing Address:

315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806 US

## New Mailing Address:

FEI Number: 20-5737498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RASH, TIFFANY  
315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806 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: RASH, TIFFANY  
Address: 315 W. GRANT STREET UNIT B  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM ( ) Delete  
Name: RASH, TROY  
Address: 315 W. GRANT STREET UNIT B  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM ( ) Delete  
Name: SCHROEDER, EDWIN  
Address: 315 W. GRANT STREET UNIT B  
City-St-Zip: ORLANDO, FL 32806 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIFFANY J. RASH

MGRM

02/21/2007

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