

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 031 ***138.75

DOCUMENT # L07000089697



1. Entity Name
GRANGER INVESTMENT, LLC

Principal Place of Business
**4482 E. AVOCET COURT
 INVERNESS, FL 34453**

Mailing Address
**4482 E. AVOCET COURT
 INVERNESS, FL 34453**

50008420



2. Principal Place of Business - No P.O. Box #
2601 SW COLLEGE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032008 Chg-LLC CR2E083 (12/06)

City & State
OCALA

City & State

4. FEI Number
260841006

Applied For
 Not Applicable

Zip
34474

Country
MARION

Zip

Country

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

**BEVERLOO, HANS FEIKE
 4482 E. AVOCET COURT
 INVERNESS, FL 34453**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/07/08

Date

352 237 1715

Daytime Phone #