


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 018 ***138.75

DOCUMENT # L07000090276	
1. Entity Name THE GRANT LAW GROUP, P.L.	

00017055



Principal Place of Business 19305 AQUA SPRINGS DR. LUTZ, FL 33558	Mailing Address P.O. BOX 271647 TAMPA, FL 33688
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2. Principal Place of Business - No P.O. Box # 20719 Sterlington Dr.	3. Mailing Address 20719 Sterlington Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State Land O Lakes, FL	City & State Land O Lakes, FL	4. FEI Number 26-0879045	Applied For Not Applicable
Zip 34638	Country USA	Zip 34638	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required -
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6. Name and Address of Current Registered Agent	
HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN HINES, P.L. TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
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 signature required when reinstating)

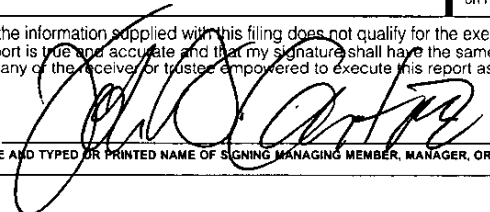
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager John A. Grant, III 20719 Sterlington Drive Land O Lakes, FL 34638 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  JOHN A GRANT, III 3/11/08 813-909-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #