2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0000003243 1. Entity Name GRAND MEADOWS, LLC					04-25-2008 90021 020 ***138.75					
Principal Place	e of Business	Mailing Address		<u> </u>	7					
1914 ART MUSEUM DRIVE 1914 ART MUSEUM DRIVE			RIVE		Ì					
JACKSONVILL	.E, FL 32207	JACKSONVILLE, FL 32	JACKSONVILLE, FL 32207							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272008	Chg-LLC	CR2E08	33 (12/06)			
City & State		City & State		4. FEI Numbe 59-3667				plied For at Applicable		
Zip	Country	Zip	Coun	ountry		of Status Desired		5.00 Add		
	6. Name and Address of Current	Registered Agent	•		7. Name and	Address of New R	egistered A	gent		
TOMERO A DAMPAN				Name						
TOWERS, L. RANDALL 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207				Street Address	t Address (P.O. Box Number is Not Acceptable)					
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			i	City	FL ²			Zip Code	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am fa	smiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	TE: Registere	d Agent signature require	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
FILE							e check pa i Departme	•	9	
FILE	/ 1, 2008 Fee will be \$538.75		10.				Departme	•	9	
FILE After May 9. THE	MANAGING MEMBE		TITLE			Florida	CHANGES	•	Addition	
9. TITLE NAME	MANAGING MEMBE MGRM PYBURN, WILLIAM T III	RS/MANAGERS	TITLE	E		Florida	CHANGES	ent of State		
FILE After May 9.	MANAGING MEMBE MGRM PYBURN, WILLIAM T III 1914 ART MUSEUM DRIVE	RS/MANAGERS	TITLE NAM STRE			Florida	CHANGES	ent of State		
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11. I hereby certify that the information supplied with this filing does not quality 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:

Man Lewis lovi Ritter

4/17/08

(904)399-0134

Daytime Phone