2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000004454

1. Entity Name
GRANGE L.L.C.

Principal Place of Business	Mailing Address
1001 3RD AVENUE WEST SUITE 700 BRADENTON, FL 34205	1001 3RD AVENUE WEST SUITE 700 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

02102005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1009283		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON, FL 34205

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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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CRESPI, GIULIO
STREET ADDRESS	VIA RISCOLI 2
CITY-ST-ZIP	20121 MILAN ITALY,
TITLE	MGR
NAME	BENNEWITZ, ULI
STREET ADDRESS	1001 3RD AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	MGR
NAME	CHRISOPHER, ROBERT
STREET ADDRESS	1001 3RD AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/05-80042-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Robert Christopher 2/16/05   748-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #