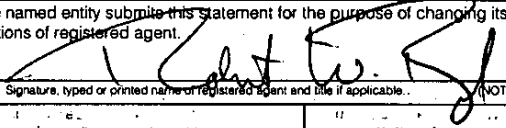


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90157 026 ****50.00

DOCUMENT # L00000007406 1. Entity Name GRANDVIEW DEVELOPMENT OF TAMPA, LLC					
Principal Place of Business 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33755			Mailing Address 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33755		
2. Principal Place of Business 100 Carillon Parkway Suite, Apt. #, etc. Suite 100		3. Mailing Address 100 Carillon Parkway Suite, Apt. #, etc. Suite 100			
City & State St. Petersburg FL		City & State St. Petersburg FL			
Zip 33716		Country USA		4. FEI Number 59-3655353	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BYRD, ROBERT W 1208 S. MYRTLE AVE. CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Byrd, Robert W. Street Address (P.O. Box Number is Not Acceptable) 100 Carillon Parkway Suite 100 City St. Petersburg FL Zip Code 33716		
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  Robert W. Byrd DATE 01-19-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYRD, ROBERT W ☐ Delete 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Byrd, Robert W. 100 Carillon Parkway Suite 100 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete RYAN, JOHN M 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 W. Byrd DATE 01-19-05 727-461-0859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

20006464



01042005 Chg-LLC CR2E083 (10/03)