

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90220 042 \*\*\*\*50.00

DOCUMENT # **L00000010170**

1. Entity Name  
**THE GRANVILLE COMPANIES, L.L.C.**

968500

Principal Place of Business      Mailing Address  
**6540 INDUSTRIAL AVE**      **6540 INDUSTRIAL AVE**  
**PORT RICHEY FL 34668**      **PORT RICHEY FL 34668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3672301</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SKALSKI, JOSEPH C</b> <b>14010 ROOSEVELT BLVD., SUITE 708</b> <b>CLEARWATER FL 33762</b>				Name <b>Timothy P. Howens</b>			
				Street Address (P.O. Box Number Is Not Acceptable) <b>11905 OAK TRAIL WAY</b>			
				City <b>PORT RICHEY</b>		FL	

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.

SIGNATURE *Timothy P. Howens*      *Timothy P. Howens*      *4-29-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BANKS, L. DEAN</b> <b>16009 NORTHLAKE VILLAGE DRIVE</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 type="checkbox"/> 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: *[Signature]*      **SIGNATURE REQUIRED**      *4/29/02*      *727-845-5711*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)