


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012141</b> 1. Entity Name GRAND OAKS VILLAGE I, LLC	
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Principal Place of Business 425 WEST COLONIAL DRIVE, SUITE 201 ORLANDO, FL 32804	Mailing Address 425 WEST COLONIAL DRIVE, SUITE 201 ORLANDO, FL 32804
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3686028	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803
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**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL CURTIS REALTY, INC. 425 W COLONIAL DR., S#201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, PAUL L 425 W COLONIAL DR., S#201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PAUL & SALLY CURTIS IRREVOCABLE TRUST 425 W. COLONIAL DR., S#201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PAUL & SALLY CURTIS IRREVOCABLE TRUST 425 W. COLONIAL DR., S#201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CURTIS, CLINTON A 425 W. COLONIAL DR., S#201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCALPIN, CARYL C 425 W. COLONIAL DR., S#201 ORLANDO, FL 32804

U00000030591  
02/04/04-80115-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Paul L Curtis** 1/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #