

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012483

1. Entity Name
GRAND RESERVE CONDOMINIUMS, LLC



Principal Place of Business
1575 NORTHSIDE DRIVE BLDG. 100, STE 200
C/O JULIAN LECRAW & CO.
ATLANTA, GA 30318

Mailing Address
1575 NORTHSIDE DRIVE BLDG. 100, STE 200
C/O JULIAN LECRAW & CO.
ATLANTA, GA 30318



07062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2576305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171407

08/01/04 00005 000 58.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GEREE SUNCOAST, LLC %JULIAN LECRAW & CO 1575 NORTHSIDE DR NW ATLANTA, GA 30319
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/30/04

Date

404-367-6014

Daytime Phone #