2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012483

GRAND RESERVE CONDOMINIUMS, LLC



FILED Aug 29, 2007 08:00 AM Secretary of State

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



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08202007 No Chg-LLC	CR2E083 (11/05)	
4. FEI Number	Applied F	01

58-2576305 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BROOME, STEPHEN D 822 A1A NORTH **SUITE 208** PONTE VEDRA BEACH, FL 32082

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE

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	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_				
		(NOTE: Registered Agent signature required when reinstating)	e required when reinstating) DATE	
Due b	ing Fee Is \$50.00 by September 14, 2007 MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-SI-7IP	MGR GEREE SUNCOAST, LLC %JULIAN LECRAW & CO 1575 NORTHSIDE DR 1	ww	U00000772950 08/29/07-80001-014 50.00	

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CITY-ST-ZIP	
11. Thereby certify that the information supplied with this filling does not qualify for the indicated on this report is true and accurate and that my signature shall have the	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the

ınd	cated on this report is true and ac	curate and that my signature shall have the same legal et	rect as it made under oath; that I am a managing member or ma	inager or ine
lım	ed liability company or the receive	er or trustee empowered to execute this report as required	by Chapter 608, Florida Statutes.	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O

AUTHORIZED REPRESENTATIVE

Daylime Phone #