

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90024 036 \*\*\*\*\*50.00

**DOCUMENT #** L01000003601  
1. Entity Name

**GRIDFLORIDA LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4200 West Flagler Street</b> Suite, Apt. #, etc. <b>Attn: C. Martin Mennes</b> City & State <b>Miami, FL</b> Zip <b>33134</b> Country <b>USA</b>		3. Mailing Address <b>4200 West Flagler Street</b> Suite, Apt. #, etc. <b>Attn: C. Martin Mennes</b> City & State <b>Miami, FL</b> Zip <b>33134</b> Country <b>USA</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1080520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**C T Corporation**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Mennes, C. Martin</b> <b>4200 West Flagler Street</b> <b>Miami, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Southwick, Henry I.</b> <b>6565 38th Avenue N.</b> <b>St. Petersburg, FL 33710</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Ramon, Gregory J.</b> <b>702 N. Franklin Street</b> <b>Tampa, FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *C. Martin Mennes* **C. Martin Mennes**

**03/19/02 (305) 442-5246**

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

Date

Daytime Phone #

CR2E083B (12/01)