

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003918

FILED
Apr 13, 2007
Secretary of State

Entity Name: GRASSY POINT LAND OWNERS, LLC

Current Principal Place of Business:

21420 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

99 NESBIT ST
PUNTA GORDA, FL 33950

Current Mailing Address:

21420 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

99 NESBIT ST
PUNTA GORDA, FL 33950

FEI Number: 65-1086091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BETTY H
21420 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

KAHLE, GARY A
99 NESBIT ST
PUNTA GORDA, FL 33950 US

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: GARY A KAHLE

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, BETTY H
Address: 21420 HARBORSIDE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: POULSEN, BARBARA L
Address: 4551 GRASSY POINT BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, BETTY H
Address: 255 WEST END DR UNIT 3305
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BETTY H WILLIAMS

MGR

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date