

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000003918

FILED
Apr 14, 2008
Secretary of State

Entity Name: GRASSY POINT LAND OWNERS, LLC

Current Principal Place of Business:

99 NESBIT ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

99 NESBIT ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1086091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, BETTY H
Address: 2716 WINGFIELD CLOSE
City-St-Zip: WILLIAMSBURG, VA 231857518

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

Title: MGR (X) Delete
Name: WILLIAMS, MARVIN
Address: 2716 WINGFIELD CLOSE
City-St-Zip: WILLIAMSBURG, VA 231857518

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: WILLIAMS, MARVIN
Address: 2716 WINGFIELD CLOSE
City-St-Zip: WILLIAMSBURG, VA 231857518

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

I hereby certify that the information supplied with this filing does not qualify 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: BETTTY H. WILLIAMS

MGR

04/14/2008

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