

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005175

Entity Name: GRANADA, L.L.C.

FILED  
Jun 28, 2005  
Secretary of State

**Current Principal Place of Business:**

162 ALCAZAR AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

162 ALCAZAR AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1116804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BORNSTEIN, STUART N  
162 ALCAZAR AVE  
CORAL GABLES, FL 33134      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHRIS, HARRY  
Address: 997 NORTH GREENWAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM      ( ) Delete  
Name: BORNSTEIN, STUART  
Address: 162 ALCAZAR AVE.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: STUART N BORNSTEIN

MGRM

06/28/2005

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