2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011600

1. Entity Name

GRANBERRY & ASSOCIATES, LLC



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90569 048 ****55.00

			SWEETEN STATES		
Principal Place of Business		Mailing Address	L.,		
2431 ALOMA AVE STE. 276 WINTER PARK FL 32792		2431 ALOMA AVE., STE. 276 WINTER PARK FL 32792		20003302	
				:	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- Alt -	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3316192 Applied Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additions	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
		<u> </u>	Name	Name and Address of New Registered Agent	
	DARIAN & UNCAPHER, P.A.				
228 HILLCREST ST. ORLANDO FL 32801			Street Addres	ss (P.O. Box Number is Not Acceptable)	
	•				
·			City	FL Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and a	eccept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable			
	orginations, typed or printed name or registered agent		TE: Registered Agent signature requ		
			OW!!! FEE IS \$50.00		
			ole to Florida Departm ie By May 1, 2003	ment of State	
9.	MANAGING				
TITLE	MANAGING MEMBE	···	10.	ADDITIONS/CHANGES	
NAME	GRANBERRY, EDWIN P JR	☐ Delete	TITLE NAME	☐ Change ☐	Addition
STREET ADDRESS	2431 ALOMA AVE., STE. 276		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change ☐	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	- Marie Commission of the Comm	☐ Delete	TITLE	☐ Change ☐ /	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ /	
NAME		L Doloic	NAME	Change	Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ A	Addition
NAME			NAME	_ 	-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		[
			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ A	ddition
STREET ADDRESS			STREET ADDRESS		1
CITY-ST-ZIP			CITY-ST-ZIP		ĺ
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF

JAN. 10, 2003 ENTATIVE