

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 030 ****50.00

DOCUMENT # L01000021938

1. Entity Name

GRISER INVESTMENTS, L.L.C.

DO NOT WRITE IN THIS SPACE

966009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1924 S. Osprey Ave Suite, Apt. #, etc. Suite 200 City & State Sarasota, FL Zip 34239 Country USA		3. Mailing Address P.O. Box 1329 Suite, Apt. #, etc. City & State Sarasota, FL Zip 34230-1329 Country USA		4. FEI Number 01-0553116 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name W. Lee McGinness	
Street Address (P.O. Box Number is Not Acceptable) 1800 Second Street Suite 971 City Sarasota FL Zip Code 34236	

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

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	m&RM Randal D. Salser 1924 S. Osprey Avenue #200 Sarasota, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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: Randy Salser Randy Salser 4/30/02 (941) 316-6827

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

Date

Daytime Phone #