## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000022096

1. Entity Name GRAINGER LAND, LLC

05-01-2006 90067 049 \*\*\*\*50.00

**FILED** 

May 01, 2006 8:00 am Secretary of State

Principal Place of Business 10009 CLUBHOUSE DRIVE BRADENTON, FL 34202 Mailing Address

10009 CLUBHOUSE DRIVE BRADENTON, FL 34202



04272006 No Chg-LLC

CR2E083 (11/05)

Fee Required

| 4. FEI Number                    |      | Applied For    |
|----------------------------------|------|----------------|
| 68-0513065                       | <br> | Not Applicable |
| 5. Certificate of Status Desired |      | Additional     |

6. Name and Address of Current Registered Agent

GRAINGER, JAMES R 10009 CLUBHOUSE DRIVE BRADENTON, FL 34202

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of changing its registeretions of registered agent.  | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |  |
|--|--|---|--|
| SIGNATURE.                                     | preture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |   |  |
|  | iling Fee is \$50.00<br>ue by May 1, 2006  |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |  |
| TITLE<br>NAME<br>Street address<br>City-St-ZIP | MGR<br>GRAINGER, JAMES R<br>10009 CLUBHOUSE DRIVE<br>BRADENTON, FL 34202   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | DO NOT WRITE  |  |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip |  | IN THIS SPACE   |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip | jakn di 1 milit akang dikadig<br>Militari saka dalam Militari k  | o en la papa estra centrarea a la cercarea de períodos.<br>Por la legación de la central de la como esta   |  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip |  |   |  |
| indicated                                      | certify that the information supplied with this filing does not qualify for the ex-<br>on this report is true and accurate and that my signature shall have the sam<br>ability company or the receiver or trustee empowered to execute this report a | emptions contained in Chapter 119, Florida Statutes. I further certify that the information<br>ne legal effect as if made under oath; that I am a managing member or manager of the<br>s required by Chapter 608, Florida Statutes. |  |

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE