2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006891

1. Entity Name

GRASSY POINT ESTATES, LLC



Principal Place of Business

3073 SOUTH HORSESHOE DRIVE

SUITE 118

NAPLES, FL 34104

Mailing Address

3073 SOUTH HORSESHOE DRIVE

SUITE 118

NAPLES, FL 34104

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90057 003 ***138.75

60030798



03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
26-7932576	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

سندري والمواقع

6. Name and Address of Current Registered Agent

ARNOLD, DEAN A 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chaions of registered agent.	nging its registere	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accep
SIGNATURE.				
			Agent signature required when reinstating)	DATE
File After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	ARNOLD, DEAN A			
STREET ADDRESS	3073 SOUTH HORSESHIE DRIVE SUITE 118			
CITY-ST-ZIP	NAPLES, FL 34104			
TITLE		·		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS			DO NO	T MOITE
CITY-ST-ZIP			DO NO	T WRITE
TITLE			IN THIS	SPACE
NAME			114 1 1113	SPACE
STREET ADDRESS			•	
CITY-\$1-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

49/08

239-643-6333

Daytime Phone #