FILED
Mar 21, 2003 8:00 am
Secretary of State

02-05-2003 90024 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # L02000006935

1. Entity Name
THE GRANDE 1506, LLC

Principal Place of Business
1253 PARK STREET
CLEARWATER FL 33756

Mailing Address
1253 PARK STREET
CLEARWATER FL 33756

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: Edward J. Wickles

Street Address (P.O. Box Number is Not Acceptable): 1180 Gulf Blvd., Condo 1506

City: Clearwater FL Zip Code 33767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/31/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Mgr. NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Mgr NAME STREET ADDRESS CITY-ST-ZIP	Edward J. Wickles 1180 Gulf Blvd., Unit 1506 Clearwater, FL 33767 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 ON FILE 1/31/03 727-517-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #