2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012994

1. Entity Name 202 GRANT, LLC



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business 27 FLETCHER AVE. SARASOTA, FL 34237

Mailing Address 27 FLETCHER AVE. SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3062604 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| FINKELSTEIN, DAVID 27 FLETCHER AVE. SARASOTA, FL 34237 | | IN THIS SPAC | DO NOT WRITE IN THIS SPACE | |
|---|--|--------------|--|--|
| 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 | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | 000000134346 04/28/04-80016-008 50.00 | |
| 9. TITLE NAME STREET ADDRESS GITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGR FINKELSTEIN, DAVID 27 FLETCHER AVE SARASOTA, FL 34237 | - | 9 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBINSON, ADAM 4641 GLENBROOK TERR SARASOTA, FL 34234 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DO NOT WRIT | ГЕ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPAC | E | |
| NAME STREET ADDRESS CITY-ST-ZIP | * | : | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |

11. I hereby certify that tife information supplied with this filling 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 regelver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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