2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State
08-10-2004 90051 022 ****50.00

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1. Entity Name
GRAND POINT OF SARASOTA, L.L.C.

Principal Place of Business	Mailing Address
11130 STATE BRIDGE ROAD, SUITE D-201 ALPHARETTA, GA 30022	11130 STATE BRIDGE ROAD, SUITE D-201 ALPHARETTA, GA 30022

J4U3U863

07262004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0717077
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR President
NAME	BRIDGES, JAMES E
STREET ADDRESS	11130 STATE BRIDGE ROAD, SUITE D-201
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	Member Vice-President
NAME	Charles W. Kolbrener
STREET ADDRESS	~~11130 State Bridge Rd S D201~~
CITY-ST-ZIP	Alpharetta, GA 30022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Aug 3, 2004 678-297-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #