

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000014664

1. Entity Name

GRANT VENTURES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 28 PM 2:18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210-I S. KINGS AVE

Suite, Apt. #, etc.

3. Mailing Address

1524 STORINGTON AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

01-0716712

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

33511

Country

HILLSBOROUGH

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRIAN GRANT

Street Address (P.O. Box Number is Not Acceptable)

1524 STORINGTON AVE

City

BRANDON

FL

Zip Code

33511

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BRIAN GRANT 1524 STORINGTON AVE BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TIFFANY GRANT 1524 STORINGTON AVE BRANDON, FL 33511	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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IN THIS SPACE**

10/21/03-- 01072-- 003-- \$55.00

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

TIFFANY GRANT

Date

10/22/03

Daytime Phone #

813-

571-2337

CR2E083B (12/02)