

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000016798

1. Entity Name
GRANDE HOMES, L.L.C.



Principal Place of Business
628 COLORADO AVENUE
STUART, FL 34994

Mailing Address
628 COLORADO AVENUE
STUART, FL 34994

FILED
2004 NOV -2 PM 3:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

41-2061741

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINGAN, STAN
628 COLORADO AVENUE
STUART, FL 34994

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAR ONE CONSTRUCTION, INC.
628 COLORADO AVENUE
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900042374019
11/02/04--01014--004 **\$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CRUDELE, PAT G
1125 S.W. 11TH STREET
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHN PAIND
750 S. OCEAN BLVD, APT 17, S
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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.

By: Par One Construction, Inc., Member

By: E.S. Clingan, President

SIGNATURE:

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

Date

Daytime Phone #

772-223-1410