

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

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**



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**CLINGAN, STAN
628 COLORADO AVENUE
STUART, FL 34994**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CRUDELE, PAT G
STREET ADDRESS	1125 S.W. 11TH STREET
CITY-STATE-ZIP	BOCA RATON, FL 33486
TITLE	MGR
NAME	PAINO, JOHN
STREET ADDRESS	750 S. OCEAN BLVD. APT. 17 S
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PAR ONE CONSTRUCTION, INC.
STREET ADDRESS	628 COLORADO AVENUE
CITY-STATE-ZIP	STUART, FL 34994

U000000840193
03/06/08-80037-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Earl S. Clingan*

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

Date

Daytime Phone #