


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90061 020 \*\*\*\*50.00

**DOCUMENT # L02000029091**

1. Entity Name  
**GRAND PRESERVE LLC**



Principal Place of Business  
**3550 NW ROYAL DRIVE  
 JENSEN BEACH, FL 34957**

Mailing Address  
**3550 NW ROYAL DRIVE  
 JENSEN BEACH, FL 34957**

00044220

2. Principal Place of Business - No P.O. Box #  
**3731 N.E. PINEAPPLE AVE.**

3. Mailing Address  
**3731 N.E. PINEAPPLE AVE.**

Suite, Apt. #, etc.  
**SUITE C 200**

Suite, Apt. #, etc.  
**SUITE C200**



02122007 Chg-LLC CR2E083 (12/06)

City & State  
**JENSEN BEACH FL**

City & State  
**JENSEN BEACH, FL**

Zip  
**34957**

Country  
**USA**

Zip  
**34957**

Country  
**USA**

4. FEI Number  
**71-0916994**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOX, M. LANNING  
 3473 SE WILLOUGHBY BLVD  
 STUART, FL 34994**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSS, ARDEN JR 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSS, RENEE M 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ROWE, RHONDA S 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Renée M. Doss* **RENEE M. DOSS** 4/24/07 772-692-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #