

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90093 020 \*\*\*\*50.00

<b>DOCUMENT # L02000031594</b>	
<b>1. Entity Name</b> GRANDTRUST PARTNERS LC	

<b>Principal Place of Business</b> 16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445	<b>Mailing Address</b> 16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445
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<b>2. Principal Place of Business</b> 2300 Glades Rd Suite, Apt. #, etc. Suite 415E City & State Boca Raton, FL Zip 33431 Country USA	<b>3. Mailing Address</b> 2300 Glades Rd Suite, Apt. #, etc. Suite 415E City & State Boca Raton, FL Zip 33431 Country USA
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1st MOORE CR2E083 (10/04)


<b>6. Name and Address of Current Registered Agent</b> LEVINE, ABNER 16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445	<b>7. Name and Address of New Registered Agent</b> Name Steven R. Tubbs Street Address (P.O. Box Number is Not Acceptable) 2300 Glades Road Suite 415E City Boca Raton FL Zip Code 33431
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<b>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.</b>	<b>SIGNATURE</b> 	<b>DATE</b> 4/27/05
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR <b>NAME</b> LEVINE, ABNER <b>STREET ADDRESS</b> 16858 RIVER BIRCH CIRCLE <b>CITY-ST-ZIP</b> DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> MGR <b>NAME</b> Michael Levine <b>STREET ADDRESS</b> 2300 Glades Road Suite 415E <b>CITY-ST-ZIP</b> Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> MGR <b>NAME</b> LEVINE, MILDRED <b>STREET ADDRESS</b> 16858 RIVER BIRCH CIR <b>CITY-ST-ZIP</b> DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
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<b>SIGNATURE:</b> 	<b>DATE</b> 4/27/05	<b>Daytime Phone #</b>
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