## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # L02000032858** 04-11-2005 90045 049 \*\*\*\*50.00 **GR VENTURES, LLC** Principal Place of Business Mailing Address 8201 PETERS ROAD C/O MICHAEL J. FICHTEL 20028452 2474 PROVENCE CIRCLE 4000 FORT LAUDERDALE, FL 33324 WESTON, FL 33327 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02112005 CR2E083 (10/03) Chq-LLC Applied For City & State City & State 4. FEI Number 14-1862213 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FICHTEL, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 8201 PETERS ROAD FORT LAUDERDALE, FL 33324 City 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 DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Delete TITI F Channe ☐ Addition FICHTEL, MICHAEL NAME NAME STREET ADDRESS 8201 PETERS ROAD STREET ADDRESS FORT LAUDERDALE, FL 33324 CITY-ST-7/P CITY-ST-ZIP VP R K Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 1400 CENTER PARK BLVD., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÈ ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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 rify 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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**