

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001097

Entity Name: GRAND LEO, LLC

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

2995 BURGOYNE LANE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2995 BURGOYNE LANE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 05-0046738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, MAURECE J
2995 BURGOYNE LANE
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: WILLIAMS, MAURECE J
Address: 2995 BURGOYNE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: WILLIAMS, MARETHIA A
Address: 2995 BURGOYNE LN
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: WILLIAMS, MAURECE J
Address: 2995 BURGOYNE LANE
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D (X) Change () Addition
Name: WILLIAMS, MARETHIA A
Address: 5125 FOXHALL DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURECE J. WILLIAMS

D

07/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date