

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90068 001 *1,289.75

DOCUMENT # L03000019565

1. Entity Name

FORT FAMILY 1 - GRAND BAY, L.L.C.



Principal Place of Business

801 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131

30000487



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3692478

Applied For

Not Applicable

5. Certificate of Status Desired.



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GARY S
4000 HOLLYWOOD BLVD., SUITE 375 SOUTH
HOLLYWOOD, FL 33021

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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 MGR
NAME FORT, BERNARDO
STREET ADDRESS 550 BRICKELL AVENUE #200
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME SPEAR, LAURINDA
STREET ADDRESS 550 BRICKELL AVENUE #200
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Laurinda Spear*

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

Date

Daytime Phone #