


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-08-2004 90273 014 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000023351					
1. Entity Name GRIN CITY STUDIOS, LLC					
Principal Place of Business C/O JOSEPH E. SLEIMAN 2111 EAST MICHIGAN STREET, SUITE 200 ORLANDO, FL 32806			Mailing Address C/O JOSEPH E. SLEIMAN 2111 EAST MICHIGAN STREET, SUITE 200 ORLANDO, FL 32806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 265904130	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLEIMAN, JOSEPH E 2111 EAST MICHIGAN STREET, SUITE 200 ORLANDO, FL 32806			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		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLEIMAN, JOSEPH E	NAME			
STREET ADDRESS	2111 EAST MICHIGAN STREET, SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: 		4-5-04		407-896-1232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

34005000



03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number **265904130** Applied For Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

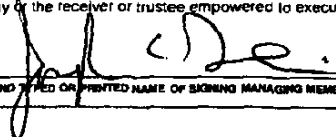
SIGNATURE _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

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

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