
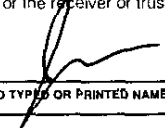


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 038 ****50.00

DOCUMENT # L03000025123 1. Entity Name NOLAN GRANDVIEW EQUITIES I, L.L.C.					
Principal Place of Business 237 WEST LINDENWOOD CIRCLE ORMOND BEACH, FL 32174			Mailing Address 237 WEST LINDENWOOD CIRCLE ORMOND BEACH, FL 32174		
2. Principal Place of Business 717 Fifth Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1529 Suite, Apt. #, etc.			
City & State Daytona Beach, FL Zip 32118 Country Volusia		City & State Daytona Beach, FL Zip 32115 Country Volusia		4. FEI Number 20-1002856	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NOLAN, JOHN G. 237 WEST LINDENWOOD CIRCLE ORMOND BEACH, FL 32174					
7. Name and Address of New Registered Agent Name John G. Nolan Street Address (P.O. Box Number is Not Acceptable) 717 Fifth Avenue City Daytona Beach FL Zip Code 32118					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete NOLAN GRANDVIEW EQUITIES I, L.L.C. 237 WEST LINDENWOOD CIRCLE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John G. Nolan 717 Fifth Avenue Daytona Beach, FL 32118				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  John G. Nolan 4/26/04 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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04272004 Chg-LLC CR2E083 (10/03)