

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 028 \*\*\*\*50.00

**20034923**



<b>DOCUMENT # L03000033011</b> 1. Entity Name <b>GRANT &amp; ASSOCIATES, LLC</b>					
Principal Place of Business <b>1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business <b>601 N CONGRESS AVE</b> Suite, Apt. #, etc. <b>425</b> City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>USA</b>		3. Mailing Address <b>601 N CONGRESS AVE</b> Suite, Apt. #, etc. <b>425</b> City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>USA</b>			
4. FEI Number <b>37-1474325</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GRANT, FREDERICK R 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>601 N CONGRESS AVENUE #425</b> City <b>DELRAY BEACH FL</b> Zip Code <b>33445</b>		
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 <b>4/13/05</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRANT, FREDERICK R 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 N CONGRESS AVE #425 DELRAY BEACH FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 1.19.07(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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>4/13/05</b> Date Daytime Phone #		