2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 /
Secretary of State

	ANNUAL REPORT
DOCUMENT :	# L03000033676
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1. Entity Name

GRAND CENTRAL AT KENNEDY LLC



Principal Place of Business

TAMPA, FL 33602

SIGNATURE:

SIGNATURE AND TYPED DA

Mailing Address

1101 CHANNELSIDE DRIVE SUITE 240 1101 CHANNELSIDE DRIVE SUITE 240

SUITE 240 TAMPA, FL 33602



DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC CR2E083 (10/03)

 4. FEI Number
 Applied For

 32-0092658
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, DONALD E ESQ. 390 NORTH ORANGE AVENUE SUITE 2200 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

		-		• ;	
8. The above the obligat	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registere	d office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept	
SIGNATURE					
0.0.4.0.42	Signature, typed or printed name of registered agent and title if applicable,	(NOTE, Registered	Agent signature required when reinstating)	DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2005				
9,	MANAGING MEMBERS/MANAGERS.	· June integr	and the second second second		
title Name Street Address City-S1-Zip	MGRM MERCURY ADVISORS 1101 CHANNELSIDE DRIVE, SUITE 240 TAMPA, FL 33602	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01\50\0; 01\50\0;	00184368 5-80028-005 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY -ST - ZIP					
TITLE NAME STREET ADDRESS CITY-SI-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 gytrustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

F-Bombeck, Manager NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE