


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-18-2005 90075 030 \*\*\*\*50.00

**DOCUMENT # L03000035377**

1. Entity Name  
**GRANT & COMPANY, LLC**



Principal Place of Business      Mailing Address

1500 E. HAWTHORNE CIRCLE      1500 E. HAWTHORNE CIRCLE  
 HOLLYWOOD, FL 33021 US      HOLLYWOOD, FL 33021 US

**20034921**



2. Principal Place of Business      3. Mailing Address

*601 N CONGRESS AVE*      *601 N CONGRESS AVE*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*425*      *425*

03132005    Chg-LLC      CR2E083 (10/03)

City & State      City & State

*DECRAY BEACH FL*      *DECRAY BEACH FL*

Zip      Country      Zip      Country

*33445*      *USA*      *33445*      *USA*

4. FEI Number      Applied For

74-3104603      Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANT, FREDERICK**  
 1500 E. HAWTHORNE CIRCLE  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*601 N CONGRESS AVENUE #425*

City      State      Zip Code

*DECRAY BEACH*      **FL**      *33445*

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 \_\_\_\_\_ DATE *4/13/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00 Due by May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>GRANT, FREDERICK R</b>	
STREET ADDRESS	<b>1500 E. HAWTHORNE CIRCLE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>601 N CONGRESS AVENUE #425</i>	
STREET ADDRESS	<i>DECRAY BEACH FL 33445</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_ DATE *4/13/05*

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