2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND

Apr 13, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L03000036022** 1. Entity Name GRAND MPD, L.L.C. Principal Place of Business Malling Address 2817 OAKBROOK LANE 2817 OAKBROOK LANE WESTON, FL 33332 WESTON, FL 33332 03032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0584904 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FRYE. AUSTIN A 20900 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE STEMPEL, LESLIE NAME 2817 OAKBROOK LANE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33332 ==1000000301796 04/13/05-80044-022 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-st-Zip 11. I hereby certify that the information supplied with this filling 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.

OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #