## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039263

Entity Name: GRANTED, LLC

FILED Jun 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 551694 7856 GROVETON HILLS PLACE JACKSONVILLE, FL 32255 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

P. O. BOX 551694 7856 GROVETON HILLS PLACE JACKSONVILLE, FL 32256 7856 GROVETON HILLS PLACE

FEI Number: 20-0298868 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORNBURG ROBERTS, TRACEE
P. O. BOX 551694
JACKSONVILLE, FL 32255
US
THORNBURG ROBERTS, TRACEE
7856 GROVETON HILLS PLACE
JACKSONVILLE, FL 32256
US

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.

SIGNATURE: 06/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ROBERTS, TRACEE T Name: ROBERTS, TRACEE T Address: P. O. BOX 551694 Address: 7856 GROVETON HILLS PLACE

Address: P. O. BOX 551694 Address: 7856 GROVETON HILLS PLAC
City-St-Zip: JACKSONVILLE, FL 32255 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACEE THORNBURG ROBERTS MGRM 06/02/2008