

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90071 007 \*\*\*\*50.00

DOCUMENT # L03000040401

1. Entity Name  
GRANDEZZA REALTY, LLC



Principal Place of Business  
11471 GRANDE OAK BOULEVARD  
ESTERO, FL 33928

Mailing Address  
11471 GRANDE OAK BOULEVARD  
ESTERO, FL 33928

24060794



2. Principal Place of Business  
4501 Tamiami Tr  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Naples FL  
Zip  
34103 Country

3. Mailing Address  
4501 Tamiami Tr  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Naples, FL  
Zip  
34103 Country

04252004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0331029 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIDER, CRAIG D ESQ.  
4001 TAMIAAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOCK DEVELOPMENT, LLC <del>11471 GRANDE OAK BOULEVARD</del> <del>ESTERO, FL 33928</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	4501 Tamiami Tr, Suite 300 Naples FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Kenneth C. Stock 4501 Tamiami Tr, Suite 300 Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, President Brad Black 4501 Tamiami Tr, Suite 300 Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Brian K. Stock 4501 Tamiami Tr, Suite 300 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Beth Weber 4501 Tamiami Tr, Suite 300 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secy/Treas Sandra Houldsworth 4501 Tamiami Tr, Suite 300 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

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

4-28-04 239-592-7344

Date

Daytime Phone #

Susan Pankratz