


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 DEC 17 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040401		
1. Entity Name GRANDEZZA REALTY, LLC		

Principal Place of Business 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103	Mailing Address 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0331029		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIDER, CRAIG D ESQ. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		Name <b>CRAIG D. GRIDER, ESQ.</b> (Spelling error) Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 N/A **CRAIG D. GRIDER, ESQ., REGISTERED AGENT** 12/16/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCK DEVELOPMENT, LLC 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA DEVELOPMENT PARTNERS, LLC 4501 TAMiami TR N, SUITE 300 L S NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, KENNETH C 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043489778 12/17/04--01036--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLACK, BRAD 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, BRAD 4501 TAMiami TR N, SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, BRIAN K 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBER, BETH 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAGAR, JOHN 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOULDSWORTH, SANDRA 4501 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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: BRAD BLACK **BRAD BLACK, PRESIDENT** 12/16/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #