

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041442

1. Entity Name
GRD ASSOCIATES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 8:25

Principal Place of Business
9101 WEST COLLEGE POINTE DR
SUITE 1
FT MYERS, FL 33919 US

Mailing Address
PO BOX 811987
BOCA RATON, FL 33481 US

DO NOT WRITE IN THIS SPACE

08292005No Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1607139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINSEY, JAMES E JR
9101 WEST COLLEGE POINTE DR
SUITE 1
FT MYERS, FL 33919

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KINSEY, JOHN T
STREET ADDRESS	PO BOX 811987
CITY-ST-ZIP	BOCA RATON, FL 33481
TITLE	MGR
NAME	KINSEY, JAMES E JR
STREET ADDRESS	PO BOX 1662
CITY-ST-ZIP	FT MYERS, FL 33902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/21/05--01026--012 **50.00

**DO NOT WRITE
IN THIS SPACE**

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: John T. Kinsey John T. Kinsey

9-5-05 501282 8552

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

Date

Daytime Phone #