2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

FILED May 26, 2005 8:00 am Secretary of State

DOCUMENT # L03000042898 1. Entity Name GRANDMA POWER LLC						05-02-2005 9	-		
GHANDMA POWER LLC									
Principal Place of Business		Mailing Address					J :		
2338 DIXIE BELL DRIVE ORLANDO FL 32812 US		2338 DIXIE BELL DRIVE ORLANDO FL 32812 US		 	PANTA AN ANTO EM PANTALAS		ITIN HIN ATE I	11 11 1 #1 (111)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)					
City & State		City & State			4. FEI Num	NO-T APPL	ICABLE		optied For of Applicable
Zip	Country	Zip			l	te of Status Desired		\$5.00 Ack Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name a	nd Address of New F	Registered A	\gent	
CORPORATION SERVICE COMPANY				TWELTE					
120	1 HAYS STREET LAHASSEE FL 32301	141		Street Address (P.O. Box Number is Not Acceptable)					
TALEMINOSEE I E SESO I			ŀ						
				City FL Zip Code					
B. 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. A. ()								and accept	
1/20/05 Alan 10								5	
SIGNATURE Signature Arged or privide name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (ATE							·		
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State									
		1.73	By May	1, 2005					
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
TITLE NAME	MGRM WHERRELL, LORA	C Delete	TITLE	ł				Change	Addition
STREET ADDRESS	•			ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32812		CILY-ST	T- ZIP					
TOTLE		☐ Dalets	TITLE					☐ Change	Addition
NAME			NAME						
SIREEI ADORESS CITY+SI-ZIP			CITY-SI	ADORESS					
TITLE		☐ Daiete	TITLE	-				Change	☐ Addition
NAME	ļ		NAME						
STREET ADDRESS	İ			ADDRESS					
CITY-ST-ZIP			CITY-ST	1- ZIP		 		Channe	- Addition
NAME		☐ Deleta	TITLE NAME					☐ Change	☐ Addillon
STREET ADDRESS				ADORESS					
C117-21-51b	1		CITY-ST	T- ZIP					
INTE		☐ Oeleto	TITLE					☐ Change	Addition
NAME STOTEL ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-SI	ADDRESS I- ZIP					
ITILE		Deleta	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-SI-ZIP	1		CITY-S1	1 - ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 eath; 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: JULE WHEN THE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAND MANAGEMENT Lora Wherre