

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043098

Entity Name: GRB PROPERTIES, LLC

FILED  
Jan 28, 2009  
Secretary of State

**Current Principal Place of Business:**

1213 CYPRESS POINT EAST  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

1213 CYPRESS POINT EAST  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 20-1336654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENT, G. EDWARD  
308 EAST FIFTH AVENUE  
MOUNT DORA, FL 32757 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBERTSON-BURNETT, GEORGE  
Address: 555 E STANFORD ST  
City-St-Zip: BARTOW, FL 33830

Title: MGR ( ) Delete  
Name: ROBERTSON-BURNETT, CAROLE ANNE  
Address: 555 E STANDORD ST  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROBERTSON-BURNETT, GEORGE  
Address: 1213 CYPRESS POINT EAST  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR (X) Change ( ) Addition  
Name: ROBERTSON-BURNETT, CAROLE ANNE  
Address: 1213 CYPRESS POINT EAST  
City-St-Zip: WINTER HAVEN, FL 33884

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: GEORGE ROBERTSON-BURNETT

MGR

01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date