


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047296

1. Entity Name
MCBRIDE GRANDCHILDREN'S PROPERTIES LLC



Principal Place of Business _____ Mailing Address _____

2824 PALM BEACH BLVD. 2069 WEST 3RD STREET
FORT MYERS, FL 33916 CLEVELAND, OH 44113

DO NOT WRITE IN THIS SPACE



07052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0235826	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, GERALD ESQ
2824 PALM BEACH BLVD.
FORT MYERS, FL 33916

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR MCBRIDE, BRIAN A 2069 WEST 3RD STREET CLEVELAND, OH 44113
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07/08/05-80015-010 50.00

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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: BR MCB MANAGING MEMBER 7/5/05 216 961 3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #