

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-25-2004 90204 002 \*\*\*\*55.00

**DOCUMENT # L03000050400**

1. Entity Name  
**BUZIOS GRAND, LLC**



Principal Place of Business  
**407 SE 9TH ST SUITE 100**  
**FORT LAUDERDALE, FL 33316**

Mailing Address  
**407 SE 9TH ST SUITE 100**  
**FORT LAUDERDALE, FL 33316**

**24076849**



2. Principal Place of Business

**407 SE 9TH STREET**

3. Mailing Address

**407 SE 9TH STREET**

Suite, Apt. #, etc.

**SUITE 100**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**FORT LAUDERDALE, FL.**

City & State

**FORT LAUDERDALE, FL.**

Zip

**33316**

Country

**USA.**

Zip

**33316**

Country

**USA.**

05212004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**81-0639087**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STERNBACH, GIL**  
**101 NE 3RD AVENUE**  
**SUITE 1500**  
**FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **GIL STERNBACH**

Street Address (P.O. Box Number is Not Acceptable)

**407 SE 9TH STREET**

**SUITE 100**

City **FORT LAUDERDALE**

**FL**

Zip Code

**33316**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**GIL STERNBACH**  
**REGISTERED REPRESENTATIVE 5-20-04**

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GRANITE FINANCIAL PARTNERS, LLC**  
STREET ADDRESS **101 NE 3RD AVENUE, SUITE 1500**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **407 SE 9TH STREET, SUITE 100**  
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33316**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

**GIL STERNBACH 5-20-04**

Date

Daytime Phone #

**954-332-1202**