2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038595

Entity Name
HERENBERG GRIT, LLC

Principal Place of Business	Mailing Address
% BANK OF AMERICA, N.A. 390 NORTH ORANGE AVENUE, SUITE 700 ORLANDO, FL 32801	% BANK OF AMERICA, N.A. 390 NORTH ORANGE AVENUE, SUITE 700 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1154933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, CHARLES I ESQ
NASH & KROMASH, LLP
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000383065
01/12/06-80037-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NASH, CHARLES I
STREET ADDRESS	440 SOUTH BABCOCK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	BANK OF AMERICA
STREET ADDRESS	390 NORTH ORANGE AVENUE SUITE 700
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BANK OF AMERICA NA by: Amy A. Bock Amy A. Bock, VP 1/5/06 407-244-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #