

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000038595

1. Entity Name
NIERENBERG GRIT, LLC



Principal Place of Business

% BANK OF AMERICA, N.A.
390 NORTH ORANGE AVENUE, SUITE 700
ORLANDO, FL 32801

Mailing Address

% BANK OF AMERICA, N.A.
390 NORTH ORANGE AVENUE, SUITE 700
ORLANDO, FL 32801



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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 |

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01/10/07-80083-006 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 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.

Bank of America NA, MGRM

SIGNATURE: _____

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

Amy A. Bock VP 1/4/07 407-244-7055

Date

Daytime Phone #