

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90028 024 \*\*\*\*50.00

30007554



1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000038681</b>					
1. Entity Name <b>GRISHAM HOLDING, LLC</b>					
Principal Place of Business <b>2340 N.W. 29TH ST. FT. LAUDERDALE FL 33311</b>			Mailing Address <b>2340 N.W. 29TH ST. FT. LAUDERDALE FL 33311</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>54-2152946</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRISHAM, CLARENCE J 2340 N.W. 29TH ST. FT. LAUDERDALE FL 33311</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <i>Clarence J. Grisham</i>				DATE: <i>5/29/05</i>	
(NOTE: Registered Agent signature required when reinstating)					
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b></p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<i>Mgr</i>	<i>Clarence J. Grisham</i>			
		<i>2340 NW 29 St</i>			
		<i>FT. LAUD. FL 33311</i>			
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<i>Mgr</i>	<i>Hazel Grisham</i>			
		<i>2340 NW 29 St</i>			
		<i>FT. LAUD. FL 33311</i>			
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Clarence J. Grisham</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					