
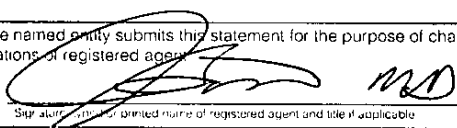
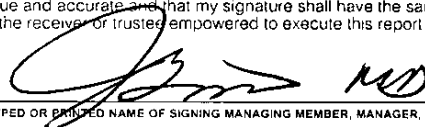


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:21

DOCUMENT # L04000045699					
1. Entity Name AGR GRANADA LLC					
Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618			Mailing Address 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618		
2. Principal Place of Business 2801 S MacDill Ave			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 25		
City & State Tampa, FL 33629			City & State Tampa, FL 33629		
Zip 33629		Country USA		4. FEI Number 20-1313793	
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIRBANKS, GARY 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618			7. Name and Address of New Registered Agent Name: Jay J. Garcia, MD Street Address: 2801 S. MacDill Ave City: Tampa FL Zip Code: 33629		
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:  MD					
Amended AR is \$50.00					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR RAPPAPORT, ALEXANDER G 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR Jay J. Garcia 2801 S. MacDill Ave Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			800076434818 06/21/06--01040--030 **50.00		
SIGNATURE:  MD 5/12/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					