

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-20-2006 90144 010 ****50.00

| | | | | | |
|--|-----------------------------------|---------------------|---|--|--|
| DOCUMENT # L04000045969 1. Entity Name GRENADIER REAL ESTATE DEVELOPMENT, LLC | | | | | |
| Principal Place of Business 1590 REGATTA DRIVE AMELIA ISLAND FL 32034 | | | Mailing Address 1590 REGATTA DRIVE AMELIA ISLAND FL 32034 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FISHER, ROBERT M 1590 REGATTA DRIVE AMELIA ISLAND FL 32034 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FISHER, ROBERT M | NAME | <div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;"> No changes whatsoever </div> | | |
| STREET ADDRESS | 1590 REGATTA DR | STREET ADDRESS | | | |
| CITY-ST-ZIP | AMELIA ISLAND FL 32034 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | 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 Section 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: 3-3-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



ATTACHMENT

30062045

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

GRENADIER REAL ESTATE DEVELOPMENT, LLC
1590 REGATTA DRIVE
AMELIA ISLAND, FL 32034

Subject: GRENADIER REAL ESTATE DEVELOPMENT, LLC

Reference Number: L04000045969

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION