

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070597

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: GRAPE EXPECTATIONS, LLC

## Current Principal Place of Business:

415 BELLE ISLE AVENUE  
BELLE AIR BEACH, FL 33786 US

## New Principal Place of Business:

## Current Mailing Address:

415 BELLE ISLE AVENUE  
BELLE AIR BEACH, FL 33786 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINTON, JERRY L  
415 BELLE ISLE AVENUE  
BELLE AIR BEACH, FL 33786 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MINTON, JERRY L  
Address: 415 BELLE ISLE AVENUE  
City-St-Zip: BELLE AIR BEACH, FL 33786 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BROWN, RANDAL  
Address: 2508 BAYFRONT PARKWAY  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Change (X) Addition  
Name: MOODY, HORACE  
Address: 2833 REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JERRY MINTON

MGRM

03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date