


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Jun 03, 2005 8:00 am
Secretary of State

03-21-2005 90540 003 ****50.00

DOCUMENT # L04000071689

1. Entity Name
THE GRANVILLE GROUP, LLC



Principal Place of Business
**806 25TH AVENUE WEST
 PALMETTO, FL 34221**

Mailing Address
**806 25TH AVENUE WEST
 PALMETTO, FL 34221**

30008040



2. Principal Place of Business
429 10TH AVENUE W.

3. Mailing Address
429 10TH AVENUE W

Suite, Apt. #, etc.

03112005 Chg-LLC CR2E083 (10/03)

City & State
PALMETTO FL

City & State
PALMETTO, FL

Zip
34221 Country **USA**

Zip
34221 Country **USA**

4. FEI Number
20-1780097

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURTON, MICHAEL A.G.
 806 25TH AVENUE WEST
 PALMETTO, FL 34221**

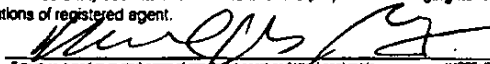
7. Name and Address of New Registered Agent

Name **BURTON, MICHAEL A.G.**

Street Address (P.O. Box Number is Not Acceptable)
429 10TH AVENUE WEST

City **PALMETTO** FL Zip Code **34221**

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  REGISTERED AGENT **3/18/05**


Signature is typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Michael A.G. Burton 6511 Bayshore Road Palmetto, FL 34221	(MAG)
		William G. Burton 6511 Bayshore Road Palmetto, FL 34221	(MGRM)
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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:  **3/18/05** **941 722 0367**

SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #