

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90368 024 ****50.00

DOCUMENT # L04000076118

1. Entity Name
L. B. GRANT PROPERTIES, LLC



Principal Place of Business
**305 QUAKER ROAD
SEWISCHLEY, PA 15143**

Mailing Address
**305 QUAKER ROAD
SEWISCHLEY, PA 15143**

2. Principal Place of Business
PO Box 6357
Suite, Apt. #, etc.

3. Mailing Address
PO Box 6357
Suite, Apt. #, etc.



03172005 Chg-LLC CR2E083 (10/03)

City & State
Miramar Beach, FL
Zip
32550

City & State
Miramar Beach FL
Zip
32550

4. FEI Number
20-1995755
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**L. PAUL SIRMANS, P.A.
151 REGIONS WAY
ONE - B
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Carr, Riggs, & Ingram LLC**
Street Address (P.O. Box Number is Not Acceptable)
4460 Legendary Drive
Suite 100
City **Destin** FL Zip Code **32541**

8. The above named entity submits this statement on 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

Signature, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
O'HAUGNESSY-GOETZE, REYNE
305 QUAKER ROAD
SEWISCHLEY, PA 15143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**O'Shaughnessy-Goetze, Reyne
Sewickley, PA 15143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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NAME
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #