

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077247

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: GRAND PLACID TENNESSEE, LLC

## Current Principal Place of Business:

205 N.E. 5TH TERRACE  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

7320 GRIFFIN RD  
203  
DAVIE, FL 33314

## Current Mailing Address:

205 N.E. 5TH TERRACE  
DELRAY BEACH, FL 33444

## New Mailing Address:

7320 GRIFFIN RD.  
203  
DAVIE, FL 33314

FEI Number: 65-0785592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

101 EXCHANGE CORPORATION  
ATTN: SUSAN N. MILLS  
205 N.E. 5TH TERRACE  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

GRAND PLACID RESORT, INC  
ATTN: DAN BARR  
7320 GRIFFIN RD., 203  
DAVIE, FL 33314 US

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: DANIEL A. BARR

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: 1031 EXCHANGE CORPOR, ATION  
Address: 205 N.E. 5TH TERRACE  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GRAND PLACID RESORT,, INC  
Address: 7320 GRIFFIN ROAD, SUITE 203  
City-St-Zip: DAVIE, FL 33314

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: DANIEL A. BARR

MGR

04/29/2005

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