


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 010 ***138.75

DOCUMENT # L04000080334	
1. Entity Name SHOPS OF GRANADA, LLC	

Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207
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50005291

2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd.	3. Mailing Address P.O. Box 47050
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.



04172008 Chg-LLC CR2E083 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207	Country
Zip 32247-7050	Country

4. FEI Number 20-1836679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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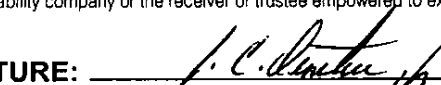
6. Name and Address of Current Registered Agent DEMETREE, J.C. JR 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent	
Name Demetree, J. C. Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1551 Atlantic Blvd., Suite 300	
City Jacksonville	FL Zip Code 32207

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 4/28/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETER, JR, J C 3740 BEACH BLVD, SUITE 300 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Demetree, Jr, J. C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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: 	DATE 4/28/08 DAYTIME PHONE # 904 398 7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	