## **2007 LIMITED LIABILITY COMPANY**

## **FILED** May 11, 2007 8:00 am Secretary of State 05-11-2007 90196 004 \*\*\*150.00

## **ANNUAL REPORT** DOCUMENT #L04000084670

1. Entity Name GRNJA & GRNJA HOLDINGS LLC						
Principal Place of Business 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33020		Mailing Address 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33020		99951947		
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address. Feberal Hw Suite, Aph. #, etc.				
2nd Floor		2nd Hoor				
Holl L	rwood FL	Holly woo	d, PL	4. FEI Number 20-1466755	No	ot Applicable
<b>3</b> 300	O USA	33020	üs <u>a</u>	5. Certificate of Status [	Desired	
	6. Name and Address of Current R	egistered Agent	Name	V V O	of New Registered Agent	
	ARK V LYWOOD BLVD., SUITE 300 OD, FL 33020		Street Address	IRO. By Number is Not A		od Fi
	11/1/1		City Hal	luwood	FL 338	220
8. The above named entity submits by 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
Fi	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of Stat	e
9.	MANAGING MEMBER		10.	AD	DITIONS/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRNJA, MARK V 2450 HOLLYWOOD BLVD., SUITI HOLLYWOOD, FL 33020	□ Delete E 300	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGRM GRNJA, VLADIMIR 2450 HOLLYWOOD BLVD., SUIT HOLLYWOOD, FL 33020	□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS   CITY-ST-ZIP		☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filling 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 truefee empowered to execute this report as required by Chapter 608, Florida Statutes.						