
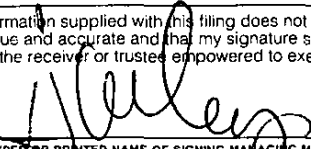


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90146 019 ****50.00

DOCUMENT # L04000090949					
1. Entity Name GRANDA ENTERTAINMENT, LLC					
Principal Place of Business 2644 NORTHWEST 97 AVENUE MIAMI, FL 33172-1400			Mailing Address 2644 NORTHWEST 97 AVENUE MIAMI, FL 33172-1400		
2. Principal Place of Business - No P.O. Box # 2644 N.W. 97 AVENUE		3. Mailing Address 2644 N.W. 97 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 20-2025253	
Zip 33172-1400		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME GRANDA, JOSE A STREET ADDRESS 2644 NORTHWEST 97 AVENUE CITY-ST-ZIP MIAMI, FL 331721400	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2644 N.W. 97 AVENUE CITY-ST-ZIP DORAL, FL 33172-1400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME GRANDA, JOSE A STREET ADDRESS 2644 NORTHWEST 97 AVENUE CITY-ST-ZIP MIAMI, FL 331721400	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2644 N.W. 97 AVENUE CITY-ST-ZIP DORAL, FL 33172-1400	<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	
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: 			JOSE A. GRANDA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

60004000



01192007 Chg-LLC CR2E083 (12/06)