



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000093534</b> 1. Entity Name REDINGTON GRAND BUILDERS, LLC	
---	---

Principal Place of Business 875 PASADENA AVENUE SOUTH ST. PETERSBURG, FL 33707	Mailing Address 875 PASADENA AVENUE SOUTH 875 PASADENA AVENUE SOUTH, FL 33707
--	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
01302007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2067922	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  POWELL, JOHN G 875 PASADENA AVENUE SOUTH ST. PETERSBURG, FL 33707
--


<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, JOHN G 875 PASADENA AVENUE SO. ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, JOHN G II 875 PASADENA AVENUE SO. ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPRADE, MARK 8701 BAY PINES BOULEVARD ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000700771 04/20/07-80031-013 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/31/07 (727) 341-0000 <small>Date Daytime Phone #</small>