## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L05000030582 04-24-2006 90047 003 \*\*\*\*50.00 SAM GRANTHAM CONSTRUCTION, LLC Principal Place of Business Mailing Address **4672 WINDSTARR DRIVE 4672 WINDSTARR DRIVE** DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANTHAM, SAM Street Address (P.O. Box Number is Not Acceptable) 4672 WINDSTARR DRIVE DESTIN, FL 32541 Zip Code City 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 Soneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 MGR ппе ☐ Change ☐ Addition TITLE ☐ Delete GRANTHAM, SAM NAME NAME 4672 WINDSTARR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL: 32541 ☐ Delete ☐ Change Addition TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete nn e Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZF 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.

**FILED** 

750) 978 -0° Daytime Phone #