2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041531

1. Entity Name
JOHN C. HIPP GRANDCHILDREN LLC

Principal Place of Business	Mailing Address
P.O. BOX 1000 ALACHUA, FL 32616	P.O. BOX 1000 ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3013542	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, VIRGINIA H
14610 NW 129TH TERRACE
ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNS, VIRGINIA H
STREET ADDRESS	4407 NW 93RD AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32653

TITLE	MGR
NAME	ALBERTSON, LISA H
STREET ADDRESS	1612 SW 76TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/14/08 (386) 462-2047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #