

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051801

1. Entity Name  
GRANDVIEW HEIGHTS, L.L.C.



**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406 US

Mailing Address  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406 US



04112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3014823

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRANTHAM, KIRK  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406

**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**

000000930658  
05/21/08-00118-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-08

561-966-6211