

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066563

FILED
Jul 17, 2007
Secretary of State

Entity Name: GRAND OAKS ESTATES OF TAYLOR COUNTY, LLC

Current Principal Place of Business:

930 S STATE RD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

930 S STATE RD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHIRRIPA, TIM
930 S STATE RD 7
PLANTATION, FL 33317 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SYNERGY FINANCIAL, L, LC
Address: 930 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: SCHIRRIPA, TIMOTHY D
Address: 6675 NW 42 TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM SCHIRRIPA

MGRM

07/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date