

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90144 005 ****55.00

DOCUMENT # L05000078206

1. Entity Name

GRANDE LIVING CONDO, LLC



Principal Place of Business

1220 DANBURY AVENUE
DAVIE FL 33325

Mailing Address

1220 DANBURY AVENUE
DAVIE FL 33325



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3311345

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRIERI, DANIEL
1220 DANBURY AVENUE
DAVIE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME GUERRIERI, DANIEL
STREET ADDRESS 1220 DANBURY AVENUE
CITY - ST - ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGRM ☐ Delete
NAME GUERRIERI, FRANK
STREET ADDRESS 14340 ARLINGTON PLACE
CITY - ST - ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGRM ☐ Delete
NAME SIRAVO, ANTHONY
STREET ADDRESS 14300 ARLINGTON PLACE
CITY - ST - ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Daniel Guerrieri

SIGNATURE: *Daniel Guerrieri*

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

1/30/06 (954) 473-5272

Date

Daytime Phone #