

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90027 050 ****50.00

DOCUMENT # L05000080141 1. Entity Name GRANDVIEW HEIGHTS VILLAS, LLC					
Principal Place of Business 9531 SPANISH MOSS ROAD W LAKE WORTH, FL 33467			Mailing Address 9531 SPANISH MOSS ROAD W LAKE WORTH, FL 33467		
2. Principal Place of Business 4524 GUN CLUB RD. Suite, Apt. #, etc. B-101		3. Mailing Address 4524 GUN CLUB RD. Suite, Apt. #, etc. B-101		30003915 	
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 20-3880654	
Zip 33415		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASKER, PAUL ESQUIRE 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent 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 renouncing)) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI, DIXON 9531 SPANISH MOSS ROAD W LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI, DIXON 4524 GUN CLUB RD, STE B-101 WEST PALM BEACH, FL 33415	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKUPI, LIRIM 832 HIBISCUS STREET WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATALANO, RAYMOND 5761 FOUNTAINS DRIVE LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:			DIXON LI 3/29/06 561-964-2444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					