2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092305

Entity Name: GRANCHOR, LLC

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

127 CREEK DRIVE 22093 KIMBLE AVENUE

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

P.O. BOX 494397

PORT CHARLOTTE, FL 33949

FEI Number: 20-3539319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, MICHAEL GRANT, MICHAEL 127 CRÉEK DRIVE 22093 KIMBLE AVENUE

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 US 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: MICHAEL GRANT 04/24/2007

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

City-St-Zip:

(X) Change () Addition

PORT CHARLOTTE, FL 33952

MANAGING MEMBERS/MANAGERS:

PORT CHARLOTTE, FL 33952

City-St-Zip:

Title: () Delete GRANT, MICHAEL MANAGER GRANT, MICHAEL MANAGER Name: Name:

Address: 127 CREEK DRIVE Address: 22093 KIMBLE AVENUE City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MRS () Delete Title: MRS (X) Change () Addition Name: GRANT, LORRAINE MEMBER Name: GRANT, LORRAINE MEMBER Address: 127 CREEK DRIVE Address: 22093 KIMBLE AVENUE

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL GRANT 04/24/2007