2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L05000092305

Entity Name: GRANCHOR, LLC

Current Principal Place of Business:

22093 KIMBLE AVENUE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4351 PINNACLE STREET
CHARLOTTE HARBOR, FL 33980

Current Mailing Address:

P.O. BOX 494397
PORT CHARLOTTE, FL 33949

New Mailing Address:

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

Name and Address of Current Registered Agent:

GRANT, MICHAEL
22093 KIMBLE AVENUE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

GRANT, MICHAEL
4351 PINNACLE STREET
CHARLOTTE HARBOR, FL 33980 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: 04/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: GRANT, MICHAEL MANAGER
Address: 22093 KIMBLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MRS ( ) Delete
Name: GRANT, LORRAINE MEMBER
Address: 22093 KIMBLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: GRANT, MICHAEL MANAGER
Address: 4351 PINNACLE STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: MRS (X) Change ( ) Addition
Name: GRANT, LORRAINE MEMBER
Address: 4351 PINNACLE STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33980

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: MICHAEL GRANT MGR 04/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date