

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094118

Entity Name: GRAND HAVEN 1, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

5552 NORTH HARBOR VILLAGE DRIVE
VERO BEACH, FL 32960

New Principal Place of Business:

5552 NORTH HARBOR VILLAGE DRIVE
VERO BEACH, FL 32967

Current Mailing Address:

5552 NORTH HARBOR VILLAGE DRIVE
VERO BEACH, FL 32960

New Mailing Address:

5552 NORTH HARBOR VILLAGE DRIVE
VERO BEACH, FL 32967

FEI Number: 99-8989978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, WILLIAM J ESQ.
STEWART & EVANS, P.A.
3355 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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: MAKIELSKI, DENNIS J
Address: 5552 NORTH HARBOR VILLAGE DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: MAKIELSKI, PATRICIA
Address: 5552 NORTH HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAKIELSKI, DENNIS J
Address: 5552 NORTH HARBOR VILLAGE DRIVE
City-St-Zip: VERO BEACH, FL 32967

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: PATRICIA MAKIELSKI

MGR

01/16/2009

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