## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000096468

Entity Name: GRIN N BARRETT, LLC

FILED Apr 17, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1379 SHOTGUN ROAD 4690 SW 83 TERRACE SUNRISE, FL 33326 DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 4690 SW 83 TERRACE 1379 SHOTGUN ROAD SUNRISE, FL 33326 DAVIE, FL 33328 FEI Number: 20-3563589 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: BARRETT, CAREY T BARRETT, CAREY T 1379 SHOTGUN ROAD 4690 SW 83 TERRACE SUNRISE, FL 33326 DAVIE, FL 33328 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: 04/17/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition BARRETT, CAREY T Name: Name: Address: Address: 4690 SW 83 TERRACE City-St-Zip: City-St-Zip: **DAVIE. FL 33328** Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: BARRETT, MYRA J Address: Address: 4690 SW 83 TERRACE City-St-Zip: City-St-Zip: **DAVIE, FL 33328** Title: () Delete Title: ( ) Change (X) Addition BARRETT, HUNTER W Name: Name: 4690 SW 83 TERRACE Address: Address: City-St-Zip: City-St-Zip: **DAVIE. FL 33328** 

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: CAREY T. BARRETT D 04/17/2006