2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099193

Name:

Address:

City-St-Zip:

2833 REMINGTON GREEN CIRCLE

TALLAHASSEE, FL 32308 US

Entity Name: GRAPE EXPECTATIONS CENTRAL FLORIDA, LLC

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 415 BELLE ISLE AVENUE 7600 DR. PHILLIPS BLVD BELLE AIR BEACH, F 33786 US 10 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 415 BELLE ISLE AVENUE 2508 BAYFRONT PARKWAY BELLEAIR BEACH, F 33786 US ORLANDO, FL 32806 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINTON, JERRY 415 BELLE ISLE AVENUE BELLEAIR BEACH, FL 33786 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MINTON, JERRY L Name: Name: Address: 415 BELLE ISLE AVENUE Address: City-St-Zip: BELLEAIR BEACH, FL 33786 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BROWN, RANDAL Name: Address: 2508 BAYFRONT PARKWAY Address: City-St-Zip: ORLANDO, FL 32806 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MOODY, HORACE Name:

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.

Address:

City-St-Zip:

SIGNATURE: RANDAL BROWN **MGRM** 01/06/2006