

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099193

FILED
Apr 29, 2008
Secretary of State

Entity Name: GRAPE EXPECTATIONS CENTRAL FLORIDA, LLC

Current Principal Place of Business:

7600 DR. PHILLIPS BLVD
10
ORLANDO, FL 32819 US

New Principal Place of Business:

2508 BAYFRONT PKWY
ORLANDO, FL 32806 US

Current Mailing Address:

2508 BAYFRONT PARKWAY
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 20-4056321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RANDAL
2508 BAYFRONT PKWY
ORLANDO, FL 32806 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: MINTON, JERRY L
Address: 415 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: MGRM () Delete
Name: BROWN, RANDAL
Address: 2508 BAYFRONT PARKWAY
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM (X) Delete
Name: MOODY, HORACE
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDAL BROWN

MGRM

04/29/2008

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