


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L05000105666 | | | |  | |
| 1. Entity Name ISAAC GRANT, LLC | | | | | |
| Principal Place of Business 1309 EDENFIELD DRIVE FORT WALTON BEACH, FL 32547 US | | | Mailing Address 1309 EDENFIELD DRIVE FORT WALTON BEACH, FL 32547 US | | |
| 2. Principal Place of Business - No P.O. Box # 714 East Sunset Blvd. | | 3. Mailing Address 714 East Sunset Blvd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Fort Walton Beach, FL | | City & State Fort Walton Beach, FL | | 4. FEI Number 20-3698038 | |
| Zip 32547 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GRANT, ISAAC 1309 EDENFIELD DRIVE FORT WALTON BEACH, FL 32547 | | | 7. Name and Address of New Registered Agent Name: Grant, Isaac Street Address (P.O. Box Number is Not Acceptable): 714 East Sunset Blvd. City: Fort Walton Beach FL Zip Code: 32547 | | |
| 8. 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. -I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Isaac Grant</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: 9/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRANT, ISAAC 1309 EDENFIELD DRIVE FORT WALTON BEACH, FL 32547 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500109773745 09/21/07--01067--001 **\$5.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Isaac Grant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date: 9/11/07 217- 950-5426 <small>Daytime Phone #</small> | |

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SECRETARY OF STATE



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