


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT -

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000109824 1. Entity Name GRANDVIEW PROPERTIES I, L.L.C. |  |
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|--|--|
| Principal Place of Business 484 MAYA PALM DRIVE BOCA RATON, FL 33432 | Mailing Address 484 MAYA PALM DRIVE BOCA RATON, FL 33432 |
|--|--|



04032008 No Chg-LLC CR2E083 (12/07)

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| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O
 798 SO. FEDERAL HIGHWAY, SUITE 100
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|----------------------|
| TITLE | MGR |
| NAME | EHLERS, GENE M MR |
| STREET ADDRESS | 484 MAYA PALM DR |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | MGR |
| NAME | EHLERS, CAROLYN L |
| STREET ADDRESS | 484 S MAYA PALM DR |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Gene M Ehlers* *4/22/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #