


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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| <b>DOCUMENT # L05000114608</b><br>1. Entity Name<br>GRIMM, LLC |  |
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|---|---|
| Principal Place of Business<br>2502 N. ROCKY POINT DRIVE<br>SUITE 1050<br>TAMPA, FL 33607 | Mailing Address<br>2502 N. ROCKY POINT DRIVE<br>SUITE 1050<br>TAMPA, FL 33607 |
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04292008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number<br>20-3883644                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>STROHAUER, GARY N<br>1150 CLEVELAND STREET<br>SUITE 300<br>CLEARWATER, FL 33755 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>  |

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

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>RYAN, JOHN M<br>2502 N. ROCKY POINT DRIVE, SUITE 1050<br>TAMPA, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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| <p>U00000936610<br/>05/27/08-80017-013 138.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  | 04/29/08 813288-8098<br><small>Date Daytime Phone #</small> |