2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000571

Entity Name: GRISSOM PARK LLC

FILED Mar 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 WILLARD ST SUITE 2B COCOA, FL 32922

New Mailing Address: Current Mailing Address:

200 WILLARD ST 128 SIGNATURE DRIVE MELBOURNE BEACH, FL 32951 SUITE 2B COCOA, FL 32922

FEI Number: 74-3160009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUEST, THERESA K 2105 S TROPICAL TRL MERRITT ISLAND, FL 32952 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 THERESA K GUEST REVO, CABLE FAMILY T R UST Name: Name:

2105 S TROPICAL TRL Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

SELIG, W MICHAEL Name: Name: Address: 200 WILLARD ST SUITE 2B Address: City-St-Zip: COCOA, FL 32922 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

SMITH, RON SMITH, RON S Name: Name: 128 SIGNATURE DR Address: Address: 128 SIGNATURE DR

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM () Delete Title: () Change () Addition

Name: PEREIRA, A BRUNO Name: 15 INDIAN RIVER DR #501 Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip:

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.

SIGNATURE: RON S SMITH **MGRM** 03/25/2007