


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 021 ***138.75

DOCUMENT # L06000013816	
1. Entity Name GRD LLC	

Principal Place of Business 929 EUCALYPTUS RD NORTH PALM BEACH FL 33408	Mailing Address 929 EUCALYPTUS RD NORTH PALM BEACH FL 33408
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2. Principal Place of Business - No P.O. Box # 1460 CORBISON PT PL Suite, Apt. #, etc.	3. Mailing Address 1460 CORBISON PT PL Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State JUPITER FL	City & State JUPITER FL
Zip 33458	Zip 33458
Country PALM BCH	Country PALM BCH

4. FEI Number 13-4323669	Applied For Not Applicable
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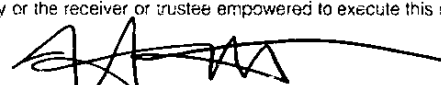
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHARLES MERCURIO, VINCENT 929 EUCALYPTUS RD NORTH PALM BEACH FL 33408	7. Name and Address of New Registered Agent Name VINCENT C MERCURIO Street Address (P.O. Box Number is Not Acceptable) 1460 CORBISON PT PL City JUPITER FL Zip Code 33458
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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  DATE 3/15/08

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to: Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES MERCURIO, VINCENT 929 EUCALYPTUS RD NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENT C MERCURIO 1460 CORBISON PT PL JUPITER FL 33458 <input checked="" 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
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE: 3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	