

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Jun 18, 2007 8:00 am
Secretary of State

03-23-2007 90169 043 ****50.00

DOCUMENT # L06000050562

1. Entity Name
GRACE PROPERTIES GROUP, LLC



Principal Place of Business
**3200 TAMiami TRAIL NORTH
 SUITE 200
 NAPLES, FL 34103 US**

Mailing Address
**3200 TAMiami TRAIL NORTH
 SUITE 200
 NAPLES, FL 34103 US**

30010942



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**WOODWARD, MARK J
 3200 TAMiami TRAIL NORTH
 SUITE 200
 NAPLES, FL 34103**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shea, Daniel C. 22 Garfield Rd Belmont, MA 02478 <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
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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: _____ *Managing member* **4/10/07** (235)649-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Office Phone #