2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 16, 2007 8:00 am
Secretary of State
03-27-2007 90198 026 ****50.00

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1. Entity Name
GRANT ROAD PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
4141 SOUTHPOINT DR., EAST, SUITE B JACKSONVILLE, FL 32216	4141 SOUTHPOINT DR., EAST, SUITE B JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 204860681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVERFIELD, GARY D 4141 SOUTHPOINT DR., EAST, SUITE B JACKSONVILLE, FL 32216	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 reinstating)

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	PAS Parsons, A.T.JR 4141 Southpoint Dr. E., Ste. B Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAST Silverfield, Gary D. 4141 Southpoint Dr. E. Ste B Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Silverfield, Leed 4141 Southpoint Dr. E Ste. B Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPASAT Drummond, Ken 4141 Southpoint Dr. E, Ste B Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS Breeding, Helen 4141 Southpoint Dr. E Ste B Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gary D. Silverfield 3/22/07 904-332-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #