

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053061

FILED
Mar 31, 2010
Secretary of State

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

Current Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 1005
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY
SUITE 1005
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4860681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERFIELD, GARY D
10175 FORTUNE PARKWAY
SUITE 1005
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: ASP
Name: PARSONS, A.T. JR
Address: 5001 PHILLIPS HIGHWAY, SUITE 7B
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ASVP
Name: SILVERFIELD, GARY D
Address: 10175 FORTUNE PARKWAY, SUITE 1005
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPT
Name: SILVERFIELD, GARY D
Address: 10175 FORTUNE PARKWAY, SUITE 1005
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPAS
Name: SILVERFIELD, LEED
Address: 10175 FORTUNE PARKWAY, SUITE 1005
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPAT
Name: DRUMMOND, KEN
Address: 10175 FORTUNE PARKWAY, SUITE 1005
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: ASVP
Name: BREEDING, HELEN
Address: 10175 FORTUNE PARKWAY, SUITE 1005
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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: GARY D. SILVERFIELD

VPT

03/31/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date