

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 031 ****50.00

DOCUMENT # L06000069054

1. Entity Name
GRANT FAMILY, L.L.C.



Principal Place of Business
**1026 LAUREL AVENUE
VENICE, FL 34285**

Mailing Address
**1026 LAUREL AVENUE
VENICE, FL 34285**

00010044



2. Principal Place of Business - No P.O. Box #

1026 Laurel Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-LLC CR2E083 (12/06)

City & State

Venice FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip
34285

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GRANT, JANICE N
1026 LAUREL AVENUE
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name
Same

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

Janice N. Grant

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/07

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRANT, JANICE N
1026 LAUREL AVENUE
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRANT, GORDON M
67 WEST STREET, APT. 2
NORTHAMPTON, MA 01060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRANT, ERIC J
6323 65TH AVE. N.E., NO. 4074
SEATTLE, WA 98115** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRANT, DAVID M
2301 PARNELL AVENUE
LOSANGELES, CA 90064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ 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:

Janice N. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/07 941-441-5295