

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069054

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

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

1026 LAUREL AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1026 LAUREL AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, JANICE N
1026 LAUREL AVENUE
VENICE, FL 34285 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: MGRM () Delete
Name: GRANT, JANICE N
Address: 1026 LAUREL AVENUE
City-St-Zip: VENICE, FL 34285

Title: MGRM () Delete
Name: GRANT, GORDON M
Address: 67 WEST STREET, APT. 2
City-St-Zip: NORTHAMPTON, MA 01060

Title: MGRM () Delete
Name: GRANT, ERIC J
Address: ABCC UNIT 35440
City-St-Zip: FPO, AP 06310

Title: MGRM () Delete
Name: GRANT, DAVID M
Address: 2301 PARNELL AVENUE
City-St-Zip: LOSANGELES, CA 90064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANICE N. GRANT

MGR

02/16/2009

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