

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071753

FILED
Jan 03, 2008
Secretary of State

Entity Name: GRACE TITLE PARTNERS I, LLC

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 1050
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

225 S. WESTMONTE DRIVE
SUITE 1050
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-5201755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY, DONALD GREG
225 S. WESTMONTE DRIVE
SUITE 1050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CLARK, JAMES P
419 CURRY COURT
ALTAMONTE SPRINGS, FL 32714 US

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: JAMES P CLARK

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARY, DONALD G
Address: 225 S. WESTMONTE DRIVE, #1050
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete
Name: CLARK, JAMES P
Address: 419 CURRY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLARK, JAMES P
Address: 419 CURRY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JAMES P CLARK

VP

01/03/2008

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