

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075915

Entity Name: 44 GRANDVIEW, LLC.

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

3107 STIRLING ROAD, SUITE 105
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3107 STIRLING ROAD, SUITE 105
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-5312615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, BERNARD A ESQ.
3107 STIRLING ROAD, SUITE 105
FT. LAUDERDALE, FL 33312 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: MGR () Delete
Name: DANIELS, CLIFFORD
Address: 8 SPRING CIRCLE
City-St-Zip: MONROEVILLE, NJ 08343

Title: MGR () Delete
Name: NISHIMOTO, INGRID
Address: P.O. BOX 90
City-St-Zip: NINOLE, HI 96773

Title: MGR (X) Delete
Name: NISHIMOTO, ROBERT
Address: P.O. BOX 90
City-St-Zip: NINOLE, HI 96773

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NISHIMOTO, ROBERT
Address: P.O. BOX 90
City-St-Zip: NINOLE, HI 96773

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 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: ROBERT NISHIMOTO

MGR

01/17/2007

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