2008 LIMITED LIABILITY COMPANY

FILED Jan 07, 2008 8:00 am

ANNUAL KEPUKI					Secretary of State				
1. Entity Nam	MENT # L0600008 GRASS COMPANY, LLC			01-07-2008 90046 005 ***143.75					
Principal Place of Business 451 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572		Mailing Address 451 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572			60000122				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		i	FEI Number Applied For 20-5414605 Not Applicat			`	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Addit Fee Required			itional d	
	6. Name and Address of Currer	nt Registered Agent		7. Name ar	d Address of New R	egistered Age	ent		
	E, JONATHAN J MINOLE BLVD L 33778	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
		City		FL Zip Code			9		
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	orida. I am fan	nìliar with,	and accept	
SIGNATURE .									
	Signature, typed or printed name of registered age E NOWI!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		m registereo Agam signato	re required when reinstating)		e check pay a Departmen		•	
	MANIACINIC MEN	L BERS/MANAGERS	T 40		ADDITIONS	OUNNOCO			
9.			10.		ADDITIONS /				
TITLE NAME	MGRM HARTMAN, ROBERT O	☐ Delete	TITLE NAME		an (To 1	•	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	6426 LAKE SUNRISE DR APOLLO BEACH, FL 33572		STREET ADDRESS CITY-ST-ZIP	449 Apoll	o Brach Blocach, PL	2351. 2			
TITLE	MGRM	☐ Delete	TITLE	1 10000			Change	Addition	
NAME STREET ADDRESS	EKŁO, MARK 9419 DISCOVERY TERRACE,	NAME Street address	451 Apollo Beach Blod Apollo Beach, Fi 33572						
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP	Apollo	Beach, FL	3357	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSS, DAN 51 CHOCTAW CIRCLE CHANHASSEN, MN 55317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	110 Beach Beach, F	Ž(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	•	•] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				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: Law Robert U. HARTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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