


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 040 ****50.00

DOCUMENT # L06000089201

1. Entity Name
GOMEZ GRANT LLC



Principal Place of Business
**615 OVERLOOK DR.
 STUART, FL 34994**

Mailing Address
**615 OVERLOOK DR.
 STUART, FL 34994**

40004001



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

3. Mailing Address
**800 SE Monterey Cms. Blvd.
 #200**

Suite, Apt. #, etc.
#200

01122007 Chg-LLC CR2E083 (12/06)

City & State
Stuart, FL

Zip Country
34996 USA

4. FEI Number
20-5530103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NABERHAUS, ROBERT J III
 800 S.E. MONTEREY COMMONS BLVD. STE 200
 STUART, FL 34996**

7. Name and Address of New Registered Agent
 Name
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM XYZ OF MARTIN COUNTY, LLC 615 OVERLOOK DR. STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM John T. Carmody, Co-Trustee of Robert J. Krupp Irrev. Marital Trust of 2006, dated 9/11/06. 800 SE Monterey Commons Blvd. #200 Stuart, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Florence Gans, Co-Trustee of Robert J. Krupp Irrev. Marital Trust of 2006, dated 9/11/06. 709 Van Thomas Dr. Raleigh, NC 27615-5242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* _____ Date _____ Daytime Phone # _____

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