FILED
Apr 07, 2008 8:00 am
Secretary of State

02-01-2008 90049 001 *****5.00
02-01-2008 90049 002 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000004780

1. Entity Name
THE GRAND OAK HOUSE "LLC"

30003438

Principal Place of Business	Mailing Address
341 MARION AVENUE LAKE CITY, FL 32055	~~400 S. W. OAKWOOD COURT~~ ~~LAKE CITY, FL 32024~~

01062008 Chg-LLC CR2E063 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	341 S marion ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Lake City
City & State	City & State Fl.
Zip / Country	Zip 32024 / Country

4. 20-8222247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENEGAN, JANET A 400 S. W. OAKWOOD COURT LAKE CITY, FL 32024	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENEGAN, MARK J 400 S. W. OAKWOOD COURT LAKE CITY, FL 32024 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Janet A Henegan 341 S marion ave Lake City Fl. 32024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Janet Henegan 1/28/08 386 758.6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #