

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005286

FILED
Feb 19, 2008
Secretary of State

Entity Name: GRIM REPO, LLC

Current Principal Place of Business:

7052 103RD STREET, SUITE 301
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

7052 103RD STREET, SUITE 301
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-8213138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, WILLIAM R
7052 103RD STREET, SUITE 301
JACKSONVILLE, FL 32210 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: THOMAS, WILLIAM R
Address: 1513 STONEBRIAR RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR () Delete
Name: ESSA, JIMMY
Address: 6739 BAKERSFIELD DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: THOMAS, LOIS J
Address: 1513 STONEBRIAR RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SINGLETARY, TERRELL D
Address: 5771 GREEN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

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: WILLIAM ROGER THOMAS

RA

02/19/2008

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