

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005824

**FILED**  
**Apr 24, 2008**  
**Secretary of State**

**Entity Name:** GRAN, LLC

**Current Principal Place of Business:**

136 S. HOLIDAY RD. R  
SUITE G  
MIRAMAR BEACH, FL 325508605

**New Principal Place of Business:**

136 SOUTH HOLIDAY ROAD  
SUITE G  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

136 S. HOLIDAY RD. R  
SUITE G  
MIRAMAR BEACH, FL 325508605

**New Mailing Address:**

136 SOUTH HOLIDAY ROAD  
SUITE G  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 20-8253219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, JAMES N  
BANK OF AMERICA TOWER  
ONE PROGRESS PLAZA, SUITE 1210  
ST. PETERSBURG, FL 33701 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: WILSON, CLARE T  
Address: 136 S. HOLIDAY RD., SUITE G  
City-St-Zip: MIRAMAR BEACH, FL 325508605

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILSON, CLARE T  
Address: 136 S HOLIDAY RD STE G  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: CLARE TAYLOR WILSON

MGR

04/24/2008

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