


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 21, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L07000030199

1. Entity Name  
**GRISCO PROPERTIES LLC**



Principal Place of Business      Mailing Address

**16542 N. DALE MABRY HWY  
TAMPA FL 33618**      **16542 N. DALE MABRY HWY  
TAMPA FL 33618**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**CORTES, HELMAN  
16542 N. DALE MABRY HWY  
TAMPA FL 33618**

4. FEI Number      Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

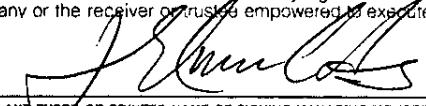
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when 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	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTES, HELMAN			NAME			
STREET ADDRESS	16542 N. DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTES, MARTHA C			NAME			
STREET ADDRESS	16542 N. DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRISALES, GLORIA M			NAME			
STREET ADDRESS	16542 N. DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRISALES, DARIO A			NAME			
STREET ADDRESS	16542 N. DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       2/19/08      (913)9577054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      DATE      DAYTIME PHONE #