2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/14/2008-90097-050-$138.75-$138.75

DOCUMENT # L07000047508

1. Entity Name

GRAND EQUITY MIAMI MANAGEMENT, LLC

FILED

08 OCT -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
67 SUMMIT AVE SUMMIT NJ 07901	67 SUMMIT AVE SUMMIT NJ 07901

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19 Beechwood Road	19 Beechwood Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summit, NJ	City & State: Summit, NJ
Zip: 07901 Country: UNION	Zip: 07901 Country: UNION

4. FEI Number: 20-8962475 ☐ 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
REGISTERED AGENTS OF FLORIDA LLC 100 SE SECOND STREET STE 2900 MIAMI FL 33131	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 _____ DATE

FILE NOW!!! FEE IS $538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.1502(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is $138.75 ☑

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Van Fossan Member 19 Brechwood Rd Summit, NJ 07901 MGR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Greg Silvershein Managing Member 19 Brechwood Rd. Summit, NJ 07901 MGRM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barry Rush 1604 Thistlewood Drive Washington Crossing, PA 19077 Member MGR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 7-1-08 905-608-0105

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