

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106908

FILED
Jul 12, 2008
Secretary of State

Entity Name: GRANDBBE DEVELOPMENT, LLC

Current Principal Place of Business:

4201 BAYSHORE BOULEVARD
TAMPA, FL 33611

New Principal Place of Business:

4201 BAYSHORE BOULEVARD
UNIT 1904
TAMPA, FL 33611

Current Mailing Address:

4201 BAYSHORE BOULEVARD
TAMPA, FL 33611

New Mailing Address:

4201 BAYSHORE BOULEVARD
UNIT 1904
TAMPA, FL 33611

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDEE, BRETT ESQ
BRETT HENDEE, P.A.
1700 SOUTH MACDILL AVENUE, STE 200
TAMPA, FL 33629 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BRIDGES, EDWARD B
Address: 4201 BAYSHORE BLVD, UNIT 1904
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Change (X) Addition
Name: BRIDGES, BILLIE G
Address: 4201 BAYSHORE BLVD, UNIT 1904
City-St-Zip: TAMPA, FL 33611 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: EDWARD BARTON BRIDGES

MGR

07/12/2008

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