

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056973

FILED
Mar 04, 2010
Secretary of State

Entity Name: TOPPEL GRANADA, LLC

Current Principal Place of Business:

7900 GLADES ROAD, SUITE 600
BOCA RATON, FL 33434

New Principal Place of Business:

6267 NW 77TH TERRACE
PARKLAND, FL 33067

Current Mailing Address:

7900 GLADES ROAD, SUITE 600
BOCA RATON, FL 33434

New Mailing Address:

6267 NW 77TH TERRACE
PARKLAND, FL 33067

FEI Number: 26-2792867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUER, SHERI
7900 GLADES ROAD, SUITE 600
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

SAUER, SHERI
6267 NW 77TH TERRACE
PARKLAND, FL 33067 US

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:

03/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TOPPEL MANAGEMENT INC.
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: P
Name: TOPPEL, MICHAEL
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: VT
Name: TOPPEL, JONATHAN
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: V
Name: TOPPEL, JEFFREY
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: V
Name: TOPPEL, JENNIFER
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: VS
Name: SAUER, SHERI
Address: 6267 NW 77TH TERRACE
City-St-Zip: PARKLAND, FL 33067 US

I hereby 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: SHERI SAUER

VS

03/04/2010

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