
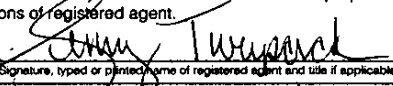
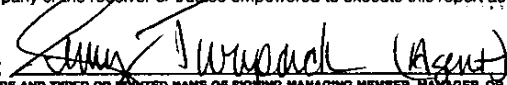


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90181 031 ****50.00

DOCUMENT # L97000001366			
1. Entity Name GRAND VIEW GARDEN HOMES, L.C.			
Principal Place of Business 283 SABAL PALM TERRACE BOCA RATON, FL 33432		Mailing Address 428 S WASHINGTON ST P.O. BOX 1056 HAVRE DE GRACE, MD 21078	
2. Principal Place of Business		3. Mailing Address 218 S. Washington St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 10526	
City & State		City & State Havre de Grace, MD	
Zip	Country	Zip	Country
21078	USA	21078	USA
01102005 Chg-LLC CR2E083 (10/03)		4. FEI Number 65-0804835	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAVENHORST, PAUL S ESQ. 283 SABAL PALM TERRACE BOCA RATON, FL 33432		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 1/10/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAVENHORST, PAUL S 283 SABAL PALM TERRACE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROFESSIONAL MANAGEMENT INC. 428 S WASHINGTON ST PO BOX 1056 HAVRE DE GRACE, MD 21078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Professional Realty Management Inc 218 S. Washington St, PO Box 10526 Havre de Grace, MD 21078 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  (Agent)		DATE 1/10/05 410-939-0744 ext 225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	