

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001366

FILED
Jan 21, 2008
Secretary of State

Entity Name: GRAND VIEW GARDEN HOMES, L.C.

Current Principal Place of Business:

283 SABLE PALM TERRACE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

218 S WASHINGTON ST
P.O. BOX 1056
HAVRE DE GRACE, MD 21078

New Mailing Address:

1155 RIDGE ROAD
P.O. BOX 469
RISING SUN, MD 21911

FEI Number: 65-0804835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVENHORST, PAUL S ESQ.
283 SABAL PALM TERRACE
BOCA RATON, FL 33432 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: MGRM () Delete
Name: GRAVENHORST, PAUL S
Address: 283 SABAL PALM TERRACE
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: PROFESSIONAL REALTY, MANAGEMENT INC
Address: 218 S WASHINGTON ST PO BOX 1056
City-St-Zip: HAVRE DE GRACE, MD 21078

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PROFESSIONAL REALTY, MANAGEMENT INC
Address: 1155 RIDGE ROAD PO BOX 469
City-St-Zip: RISING SUN, MD 21911

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: PAUL GRAVENHORST

MGR

01/21/2008

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