LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary DIVISION OF CO				<b>Harris</b> State	FILED 99 APR 15 PH 4: 13			
FLING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					1			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002687					SCOAL BACT OF TAKE TALLAHASSEE, FLORIDA			
'n	ODRIGUEZ & GRANT				1a. Principal Plac	e of Business A	Address	
C/O WILLIAM JOHN GRANT  2973A KINES STREET					C/O WILLIAM JOHN GRANT			
MARIANNA PL 32446					MARIANNA FL 32446			
2 Principal Place of Business  298 Daniels St  Suite, Apt. #, etc.				3. Date Organized or Qualified 3a. State of Formation 11/13/1998 FL				
			•		4. FEI Number		Applied For	
City & State	IANNA FL	City & Sta	rianna, F		59-35 5. Date of Last A			
32	446 Country USA	32	446 Coun	ISA		· 	6. Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				Name	Name and Address	of New Regist	ered Agent/Office	
COHN, ALAN B ESQ. 2021 TYLER STREET				Street Address (P.O. Box Number		• •		
HOLLY	(WOOD FL 33022		Suite, Apr #, etc			57 H H H 12 3 3 2 1 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
				City		FL	Zip Code	
its registere	nt to the provisions of Sections 608.416 ad office or registered agent, or both, in the ad agent, and accept the obligations.							
BIGNATUF	RE The addition have have even	According to the	en e Jenikida ed			ATE _		
10. Title Managing Members/Managers				ess Street Address	<del>''</del>	City, State and Zip Code		
мсрм	GRM GRANT, WILLIAM JOHN 2973A			KYNES STREET		MARIANNA FL		
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MGRM RODRIGUEZ-JIMENEZ, HOR			JOHN ON ROAD		MARIANNA FL			
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11 Idober	eby certify that the information supplied						Hurther certify that the information haging member or manager of the	