

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 06, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000002687**1. Entity Name  
RODRIGUEZ & GRANT L.C.

Principal Place of Business 2928 DANIELS STREET  MARIANNA FL 32446	Mailing Address 2928 DANIELS STREET  MARIANNA FL 32446
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address PO BOX 6399  Suite, Apt. #, etc.
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City & State  MARIANNA FL	City & State  MARIANNA FL
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Zip 32446	Country US	Zip 32447	Country US
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4. FEI Number <b>59-3562320</b>	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>
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<b>6. Name and Address of Current Registered Agent</b>  GRANT WILLIAM J 2928 DANIELS STREET  MARIANNA FL 32446 US	<b>7. Name and Address of New Registered Agent</b>  Name GRANT WILLIAM J Street Address (P.O. Box Number is Not Acceptable) PO BOX 6399  City MARIANNA FL Zip Code 32447
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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.

SIGNATURE **WILLIAM J. GRANT****08/06/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ-JIMENEZ HORACIO JORGE M.D. 2928 DANIELS STREET MARIANNA FL 32446 <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 GRANT WILLIAM JOHN P.O. BOX 6399 MARIANNA FL 32447 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT WILLIAM J P.O. BOX 6399 MARIANNA FL 32447 <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
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:** William J. Grant

MGRM 08/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)