


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90020 016 ****50.00

DOCUMENT # <u>L98000002687</u> 1. Entity Name RODRIGUEZ & GRANT, LLC	
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10108402

2. Principal Place of Business 3343 OLD U.S. ROAD Suite, Apt. #, etc. MARIANNA, FLORIDA City & State MARIANNA, FLORIDA Zip 32446 Country USA	3. Mailing Address P. O. BOX 1504 Suite, Apt. #, etc. MARIANNA, FLORIDA City & State MARIANNA, FLORIDA Zip 32447 Country USA
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<p align="center">DO NOT WRITE IN THIS SPACE</p>	4. FEI Number 59-3562320 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent Name HORACIO RODRIGUEZ-JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 3343 OLD U.S. ROAD City MARIANNA FL Zip Code 32446
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Horacio J. Rodriguez-Jimenez MD
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	CEO HORACIO RODRIGUEZ-JIMENEZ 3343 OLD U.S. ROAD MARIANNA, FL 32446		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

CR2E083B (12/02)