

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003192

Entity Name: THE GRANT GROUP, L.C.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4485 FURLING LANE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3601597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: BURDEN, WILLIAM R
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: BURDEN, PAM
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: JOHNS, DALE K
Address: 920 BAMBI DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: JOHNS, KATHLEEN G
Address: 920 BAMBI DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Delete
Name: BATTISTE, WESLEY E
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Delete
Name: ENNIS, LAWRENCE S
Address: 4618 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURDEN, WILLIAM R
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: BATTISTE, WESLEY E
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: JOHNS, DALE K
Address: 920 BAMBI DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: ENNIS, LAWRENCE S
Address: 4618 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WESLEY E. BATTISTE

MGR

01/09/2007

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