


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000003192</b> 1. Entity Name THE GRANT GROUP, L.C.	
---	---

Principal Place of Business 4485 FURLING LANE DESTIN, FL 32541	Mailing Address 4485 FURLING LANE DESTIN, FL 32541
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3601597	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDEN, WILLIAM R 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTISTE, WESLEY E 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, DALE K 920 BAMBI DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENNIS, LAWRENCE S 4618 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000775531 01/08/08-80033-016 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	<b>1-4-08</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Days/Time Phone #</small>