FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90163 023 ****50.00

LIMITE	ED	LIABILITY (COMPANY
Uniform	E	BUSINESS RE	PORT (UBR
DOCUMENT #			

GRILLE BLOCK, L.L.C. 943679 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
448 58 TH STREE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAPASOTA, FL Applied For 65.0948105 Not Applicable \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent CHARLES H. GRIGGS DO NOT WRITE (P.O. Box Number is Not Acceptable) IN THIS SPACE SARAGOTA the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed of CHARLES H. GRIGGS FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS MGRM TIR F GRIGGS CHARLES 448 58 TH STEEL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAMMODA FL 34 CITY STORP THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-28P TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - 7IP CITY: ST 28P TITLE TILE IN THIS SPACE NAME ISTREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZP TITLE BILE

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

THEE

NAME

STREET ADDRESS

STREET ADDRESS

City St. Zp

CITY-ST-ZP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE