2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004619

Entity Name: GRILLE BLOCK, L.L.C.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10 N. SHARON AVE. HOODSPORT, WA 985480280 US **Current Mailing Address: New Mailing Address:** P O BOX 280 HOODSPORT, WA 985480280 US FEI Number: 65-0948105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALL, CHARLES H ATTORNE 1444 FIRST STREET # B SARASOTA, FL 34236 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GRIGGS, CHARLES H Name: Name: 10 N. SHARON AVENUE Address: Address: HOODSPORT, WA 98548 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PLESSAS, NAN C Name: Name: Address: 10 N. SHARON AVENUE Address: City-St-Zip: HOODSPORT, WA 98548 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NA, NA N Name: Name: Address: NA Address: City-St-Zip: NA, NA NA City-St-Zip: () Change () Addition Title: MGRM Title: () Delete Name: NA, NA Name: Address: NΑ Address: City-St-Zip: NA, NA NA City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NA, NA Name: Address: NA Address: City-St-Zip: NA, NA NA City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NA, NA Name: Name: Address: NA Address: NA, NA NA City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NAN C PLESSAS MGRM 04/28/2008