

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001705**

1. Entity Name

GRANDEVILLE STATION, LLC



Principal Place of Business

650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

Mailing Address

650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701



01132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3728712

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR F  
650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

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

*Salvador F. Leccese*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-06

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GV STATION LTD LLLP
STREET ADDRESS	650 S NORTHLAKE BLVD, SUITE 450
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000409697  
02/09/06-80006-006 55.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Salvador F. Leccese*

1-25-06

407-645-5575

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

Date

Daytime Phone #