

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90017 016 ****58.75

DOCUMENT # M01000001706
 1. Entity Name
 GRANDEVILLE AT COBBS LANDING, LLC *\$58.75 Cobbs*



Principal Place of Business
 2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789

Mailing Address
 2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789

2. Principal Place of Business
650 S. Northlake Blvd
 Suite, Apt. #, etc.
Suite 450

3. Mailing Address
650 S. Northlake Blvd
 Suite, Apt. #, etc.
Suite 450


City & State
Altamonte Springs

City & State
Altamonte Springs

Zip
32701 Country
USA

Zip
32701 Country
USA

40000100



03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3728716

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
 2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

650 S. Northlake Blvd, Suite 450

City
Altamonte Springs FL Zip Code
32701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GV COBBS LANDING LTD, LLLP 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *4-6-05* *407-645-5575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #