2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000003855

1. Entity Name

GRANT PROPERTY LLC

Principal Place of Business Mailing Address

2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808

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FILED Apr 18, 2007 08:00 AM Secretary of State



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
65-1133064		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

GRANT, RUSSELL J JR. 591 NEAPOLITAN LANE NAPLES, FL 34103

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY+ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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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. (No		Agent signature required when renatating)	OATE	
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS					
	MANAGING MEMBERS/MANAGERS MGRM				
NAME STREET ADDRESS CITY-ST-7IP	HALPERN, CHRISTINE M 151 BROOKS BEND PRINCETON, NJ 08540				
TITLE	MGRM			}	
NAME	GRANT, RUSSELL J JR				
STREET ADDRESS CITY-ST-ZIP	591 NEAPOLITAN LANE				
U11-31-21P	NAPLES, FL 34103				

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U00000714047 n4/27/07-80007-022 50.00

11. I hereby certify that the information supplied with this filling 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.

P --- N T Can T

4-16-07

229-1.49-4027

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

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