


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
May 27, 2008 8:00 am
Secretary of State

05-01-2008 90016 044 ***277.50

DOCUMENT # M04000003483			
1. Entity Name THE GRAPE DEVELOPMENT COMPANY, LLC			
Principal Place of Business 4300 PACES FERRY RD., SUITE 333 ATLANTA, GA 30339		Mailing Address 4300 PACES FERRY RD., SUITE 333 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04222008		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0191106		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOWARD, THOMAS C 121 SHELL POINT WEST MAITLAND, FL 32751		Name: <u>Becky Meyers</u> Street Address (P.O. Box Number is Not Acceptable): <u>11701 Lake Victoria Gardens Ave.</u> <u>Suite 3115</u> City: <u>Palm Beach Gardens FL</u> Zip Code: <u>33410</u>	
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: <u>Rebecca R Myers</u>		DATE: <u>5/21/08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAZUR, JACK 4300 PACES FERRY RD., STE. 333 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Christine Leslie</u>		DATE: <u>4/22/08</u> 678.309.9463	
SIGNATURE AND TITLE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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