

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000000352

1. Entity Name
GRANT CORNER PROPERTIES, L.L.C.



Principal Place of Business
**7320 MELALEUCA WAY
SARASOTA, FL 34242**

Mailing Address
**P.O. BOX 17826
SARASOTA, FL 34276**

DO NOT WRITE IN THIS SPACE

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4118986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, MICHAEL J
200 S. ORANGE AVENUE
SARASOTA, FL 34236**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEWART, LOUISE
PO BOX 17826
SARASOTA, FL 34276**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALTER, MARTIN
P.O. BOX 17826
SARASOTA, FL 34276**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000958629
08/29/08-80005-001 538.75

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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: *Louise S Stewart*

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

Date

Daytime Phone #

LOUISE S. STEWART AUG 26, 2008 941-685-2955