


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90025 040 *****50.00

DOCUMENT # M97000000319

1. Entity Name
T AND T GRANDVIEW, L.L.C.



Principal Place of Business Mailing Address

**10365 SCHUESSLER RD.
 ST. LOUIS, MO 63128** **10365 SCHUESSLER RD.
 ST. LOUIS, MO 63128**

24045961



03312004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0348859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TICE, NORMAN 10365 SCHUESSLER RD. ST. LOUIS, MO 63128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TICE, ARLENE 10365 SCHUESSLER RD. ST. LOUIS, MO 63128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBLER, PATRICIA 10365 SCHUESSLER RD. ST. LOUIS, MO 63128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBLER, ROBERT 10365 SCHUESSLER RD. ST. LOUIS, MO 63128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Norman J. Tice 4/1/04 314-842-0521

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