


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M97000000319 1. Entity Name T AND T GRANDVIEW, L.L.C.	
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Principal Place of Business 10365 SCHUESSLER RD. ST. LOUIS, MO 63128	Mailing Address 10365 SCHUESSLER RD. ST. LOUIS, MO 63128
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**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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**

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01/20/05-80037-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Tice 1/11/05 314-842-0520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #