


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M9700000319
 1. Entity Name
 T AND T GRANDVIEW, L.L.C.



Principal Place of Business Mailing Address
 10365 SCHUESSLER RD. 10365 SCHUESSLER RD.
 ST. LOUIS, MO 63128 ST. LOUIS, MO 63128



01072006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 50-0348859 Not Applicable

5. Certificate of Status Desired **\$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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

| 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 | |

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 01/23/06-80003-010 55.00

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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: Norman J. Tice, Managing Member 1/14/06 314-842-4497

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