

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000319

FILED
Jan 13, 2007
Secretary of State

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

Current Principal Place of Business:

10365 SCHUESSLER RD.
ST. LOUIS, MO 63128

New Principal Place of Business:

23 SAPPINGTON VILLAS CT.
ST. LOUIS, MO 63126

Current Mailing Address:

10365 SCHUESSLER RD.
ST. LOUIS, MO 63128

New Mailing Address:

23 SAPPINGTON VILLAS CT.
NORMAN J. TICE
ST. LOUIS, MO 63126

FEI Number: 50-0348859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TICE, NORMAN
Address: 10365 SCHUESSLER RD.
City-St-Zip: ST. LOUIS, MO 63128

Title: MGRM () Delete
Name: TICE, ARLENE
Address: 10365 SCHUESSLER RD.
City-St-Zip: ST. LOUIS, MO 63128

Title: MGRM () Delete
Name: TOBLER, PATRICIA
Address: 10365 SCHUESSLER RD.
City-St-Zip: ST. LOUIS, MO 63128

Title: MGRM () Delete
Name: TOBLER, ROBERT
Address: 10365 SCHUESSLER RD.
City-St-Zip: ST. LOUIS, MO 63128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TICE, NORMAN
Address: 23 SAPPINGTON VILLAS CT.
City-St-Zip: ST. LOUIS, MO 63126

Title: MGRM (X) Change () Addition
Name: TICE, ARLENE
Address: 23 SAPPINGTON VILLAS CT.
City-St-Zip: ST. LOUIS, MO 63126

Title: MGRM (X) Change () Addition
Name: TOBLER, PATRICIA
Address: 23 SAPPINGTON VILLAS CT.
City-St-Zip: ST. LOUIS, MO 63126

Title: MGRM (X) Change () Addition
Name: TOBLER, ROBERT
Address: 23 SAPPINGTON VILLAS CT..
City-St-Zip: ST. LOUIS, MO 63126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGNM

01/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date