

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069880

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GRANDVIEW LP, INC.

**Current Principal Place of Business:**

1601 WASHINGTON AVE  
SUITE 800  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1601 WASHINGTON AVE  
SUITE 800  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-1029528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITLOW, JAMES  
1601 WASHINGTON AVE  
SUITE 800  
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TEAM, DAVID O  
Address: 4350 VON KARMAN AVENUE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD ( ) Delete  
Name: SHERMAN, PAUL  
Address: 1601 WASHINGTON AVE., STE 800  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete  
Name: SANDERS, DANA S  
Address: 4350 VON KARMAN AVENUE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: T ( ) Delete  
Name: JORDAN, MARGARET  
Address: 1601 WASHINGTON AVE., STE 800  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TEAM, BY J.REYNOLDS AS ATTY-IN-FACT

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date