

2001 UNIFORM BUSINESS REPORT (UBR)

01/27/06 AF

DOCUMENT # L99000007686

1. Entity Name
GRANT ALLIANCE, L.L.C.

FILED

01 JAN 16 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1035 BROADWAY
DUNEDIN FL 34698

Mailing Address
1035 BROADWAY
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3611867**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CACCIOTTI, TONY
1035 BROADWAY
DUNEDIN FL 34698

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGR CACCIOTTI, TONY
STREET ADDRESS **1035 BROADWAY**
CITY-ST-ZIP **DUNEDIN FL 34698**

Change Addition
700003554487--6
-01/18/01--01093--027
*******50.00 *****50.00**

TITLE NAME Delete
MGR CACCIOTTI, ROSALIA
STREET ADDRESS **1035 BROADWAY**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR MULLINS, GABRIELLA
STREET ADDRESS **1035 BROADWAY**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR CACCIOTTI, NAT
STREET ADDRESS **1035 BROADWAY**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: Tony Cacciotti 1-10-01 (227) 733-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)