


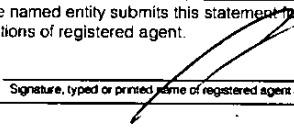
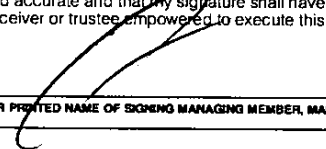
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90075 030 ****50.00

20034921



DOCUMENT # L03000035377			
1. Entity Name GRANT & COMPANY, LLC			
Principal Place of Business 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021 US		Mailing Address 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021 US	
2. Principal Place of Business <i>601 N CONGRESS AVE</i>		3. Mailing Address <i>601 N CONGRESS AVE</i>	
Suite, Apt. #, etc. <i>425</i>		Suite, Apt. #, etc. <i>425</i>	
City & State <i>DECRAY BEACH FL</i>		City & State <i>DECRAY BEACH FL</i>	
Zip <i>33445</i>	Country <i>USA</i>	Zip <i>33445</i>	Country <i>USA</i>
03132005 Chg-LLC		CR2E083 (10/03)	
4. FEI Number 74-3104603		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, FREDERICK 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>601 N CONGRESS AVENUE #425</i> City <i>DECRAY BEACH</i> FL Zip Code <i>33445</i>	
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 		DATE <i>4/13/05</i>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT, FREDERICK R 1500 E. HAWTHORNE CIRCLE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>601 N CONGRESS AVENUE #425 DECRAY BEACH FL 33445</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <i>4/13/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	