


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 007 ****50.00

DOCUMENT # L0000002515							
1. Entity Name GRAND LAGOON CAFE, LLC							
Principal Place of Business PO BOX 28134 PANAMA CITY, FL 32411		Mailing Address PO BOX 28134 PANAMA CITY, FL 32411					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3646106			
Zip		Country		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HUGHES, J. ROBERT 220 MCKENZIE AVENUE PANAMA CITY, FL 32402			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. 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, 2004		Make check payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	W.F. SPANN & CO., INC.		NAME				
STREET ADDRESS	3900 MARRIOTT DR., SUITE K		STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DRU FLORIDA, LLC		NAME				
STREET ADDRESS	3900 MARRIOTT DR., STE K		STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MACORMICK, JEAN K		NAME				
STREET ADDRESS	3900 MARRIOTT DR., STE K		STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP				
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAY POINT MARINA CO		NAME				
STREET ADDRESS	3900 MARRIOTT DR., SUITE K		STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>W.F. Spann</i>		Date: 3/3/04		Daytime Phone #: 850-235-16900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							