


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012878 1. Entity Name GRAND BAY GP, LLC	
---	---

Principal Place of Business 2665 SOUTH BAYSHORE DR STE 601 COCONUT GROVE, FL 33133 US	Mailing Address 2665 SOUTH BAYSHORE DR STE 601 COCONUT GROVE, FL 33133 US
--	--



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2105989	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

RAZOOK, RICHARD J
1111 BRICKELL AVE STE 2500
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

11000000199142
01/27/05-80077-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BACARDI, FACUNDO 2665 SOUTH BAYSHORE DR STE 601 COCONUT GROVE, FL 33133
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAZOOK, RICHARD 1111 BRICKELL AVE STE 2500 MIAMI, FL 33131
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FORT, BERNARDO 550 BRICKELL AVE STE 200 MIAMI, FL 33131
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/13/2005

Date

305-285-5588

Daytime Phone #