


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90409 021 ****50.00

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DOCUMENT # L03000047147					
1. Entity Name GRANDE LAGOON BOAT BASIN SPOILS, LLC					
Principal Place of Business 11809 CHANTICLEER DR PENSACOLA, FL 32507		Mailing Address P.O. BOX 34459 PENSACOLA, FL 32507			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04032004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BROOME, S. CRAIG 11809 CHANTICLEER DR PENSACOLA, FL 32507				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent				Applied For <input checked="" type="checkbox"/> Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEVE		NAME	JACK HORSEFIELD	
STREET ADDRESS	11809 CHANTICLEER DR		STREET ADDRESS	11723 CHANTICLEER CT	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, AL		NAME		
STREET ADDRESS	11809 CHANTICLEER DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGEAN, JOHN		NAME	KRIS HOLZAPFEL	
STREET ADDRESS	11809 CHANTICLEER DR		STREET ADDRESS	11727 CHANTICLEER DR	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, S. CRAIG		NAME		
STREET ADDRESS	11809 CHANTICLEER DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ED		NAME		
STREET ADDRESS	11809 CHANTICLEER DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		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)(d), 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>S. Craig Broome</i>		Date: 4/3/04		Daytime Phone #: 850-492-3426	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					