


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 08:00 A.
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000047147 1. Entity Name *GRANDE LAGOON BOAT BASIN SPOILS, LLC |  |
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|--|--|
| Principal Place of Business 11809 CHANTICLEER DR PENSACOLA, FL 32507 | Mailing Address P.O. BOX 34459 PENSACOLA, FL 32507 |
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DO NOT WRITE IN THIS SPACE



04292006 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BROOME, S. CRAIG
 11809 CHANTICLEER DR
 PENSACOLA, FL 32507

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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 renewing) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000562283
05/19/06-80050-010:50.00;

| B. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LACOUR, DICK 11813 CHANTICLEER DRIVE PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, AL 11809 CHANTICLEER DR PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOLZAPFEL, KRIS 11727 CHANTICLEER DR PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROOME, S. CRAIG 11809 CHANTICLEER DR PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARKER, ED 11809 CHANTICLEER DR PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *S. Craig Broome* S CRAIG BROOME 4/29/06 850-492-3726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #