


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
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



07062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by September 14, 2007

9. 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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07/11/07-80003-005 50.00

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: Craig Broome & CRAIG BROOME 7/6/07 850-492-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #