


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. U00000956571
 07/28/08-80008-024: 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACOUR, DICK 11813 CHANTIGLEER 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	

DO NOT WRITE
IN THIS SPACE

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, 7/25/08, 850-492-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07252008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required