

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047147

FILED  
May 05, 2009  
Secretary of State

Entity Name: GRANDE LAGOON BOAT BASIN SPOILS, LLC

**Current Principal Place of Business:**

11809 CHANTICLEER DR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 34459  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LACOUR, DICK  
Address: 11813 CHANTICLEER DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR ( ) Delete  
Name: HOFFMAN, AL  
Address: 11809 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR ( ) Delete  
Name: HOLZAPFEL, KRIS  
Address: 11727 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR ( ) Delete  
Name: BROOME, S. CRAIG  
Address: 11809 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR ( ) Delete  
Name: PARKER, ED  
Address: 11809 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

TREA

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date