


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90038 001 ***138.75

DOCUMENT # L99000005815
 1. Entity Name
GRANDE TIMES OF BOCA GRANDE, LLC



Principal Place of Business Mailing Address
825 WRIGHT ST. **825 WRIGHT ST.**
ENGLEWOOD, FL 34223 **ENGLEWOOD, FL 34223**

60037700



2. Principal Place of Business - No P.O. Box # 777 Gulf Blvd		3. Mailing Address PO Box 698	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Grande, FL		City & State Boca Grande, FL	
Zip 33921	Country	Zip 33921	Country

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0949891	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 LYONS, WILLIAM K 825 WRIGHT ST. ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Raymond W. Flischel Street Address (P.O. Box Number is Not Acceptable) 900 Pine Street Suite #126 City Englewood FL Zip Code 34223	
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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 *Raymond W. Flischel* DATE **4/28/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHRISKEY, H WILLIAMSON 9600 EAGLE PRESERVE DR. ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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: *Raymond W. Flischel* **4/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #