


**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 <b>825 WRIGHT ST.          ENGLEWOOD, FL 34223</b>	Mailing Address <b>825 WRIGHT ST.          ENGLEWOOD, FL 34223</b>
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**60037700**



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

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>65-0949891</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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** DATE **4/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE