


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90031 001 \*\*\*\*50.00

<b>DOCUMENT # L00000003043</b>	
1. Entity Name GRAND GRILL BAYWALK, LLC	

Principal Place of Business 197 2ND AVE. NORTH, STE. B200 ST. PETERSBURG, FL 33701	Mailing Address 1726 E. 7TH AVE., STE. 21 TAMPA, FL 33605
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2. Principal Place of Business 197 2nd Ave. N. Ste. B200 Suite, Apt. #, etc. St. Petersburg, FL City & State 33701 Zip	3. Mailing Address 1726 E. 7th Ave. Ste. 21 Suite, Apt. #, etc. Tampa, FL City & State 33605 Zip
Country U.S.	Country U.S.



01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3644757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHALL, JOHN 1726 EAST 7TH AVE., NO. 21 TAMPA, FL 33605	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1726 E 7th Ave., Ste. 21 City Tampa FL Zip Code 33605
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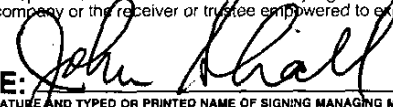
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHALL, JOHN 1726 EAST 7TH AVE., NO. 21 TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Schall 1726 E. 7th Ave. Ste 21 Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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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"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1/5/04 83-241-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #