


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008097 1. Entity Name ELGEVA GRIGSBY, LLC	
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Principal Place of Business 222 CATFISH CREEK RD LAKE PLACID, FL 33852	Mailing Address 222 CATFISH CREEK RD LAKE PLACID, FL 33852
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DO NOT WRITE IN THIS SPACE



04072006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3655069	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

GRIGSBY, DAVID A
222 CATFISH CREEK RD
LAKE PLACID, FL 33852

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

000000516320
04/29/06-80244-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRIGSBY, DAVID A 222 CATFISH CREEK RD. LAKE PLACID, FL 33852
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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: David A. Grigsby **DAVID ALAN GRIGSBY** 04/12/06 8634656111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #