



FILED

Feb 10, 2005 08:00 AM
Secretary of State

00000000 L00000010602					
1. Entity Name GRANDE ILLUSIONS, LLC					
Principal Place of Business 2316 53RD STREET SARASOTA, FL 34234			Mailing Address 2316 53RD STREET SARASOTA, FL 34234		
DO NOT WRITE IN THIS SPACE					
 02082005000000000000 00000000000000000000					
4. FEI Number 65-1042830				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$ \$5.00 00000000000000000000					
6. Name and Address of Current Registered Agent PACE, JENNIFER 2316 53RD STREET SARASOTA, FL 34234			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 _____ <i>Jennifer L Pace</i> DATE <u>2/8/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACE, JENNIFER 2316 53RD STREET SARASOTA, FL 34234	U000000224248 02/10/05-80079-004 50.00 DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <i>Jennifer L Pace</i> DATE: <u>2/8/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	