

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L01000007494

1. Entity Name

GRAND ISLE DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 24 AM 9:58

Principal Place of Business 227 KIM KOVE RD. MEXICO BEACH FL 32456	Mailing Address 227 KIM KOVE RD. MEXICO BEACH FL 32456
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E083 (10/07)

4. FEI Number 59-3717422	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN ST
TALLAHASSEE FL 32301

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

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	MGR ONORATO, GALE E 227 KIM KOVE ROAD MEXICO BEACH FL 32456 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONORATO, JOHN 227 KIM KOVE ROAD MEXICO BEACH FL 32456 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> 600125484796 04/24/08--01005--002 **138.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Onorato **JOHN ONORATO** 4/22/08 850-832-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designation Prefix #