2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0100008835

1. Entity Name

GRAND DERBA LLC

Principal Place of Business Mailing Address

10640 SEA HOLLY DRIVE 10640 SEA HOLLY DRIVE BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436

FILED Feb 17, 2004 08:00 AM Secretary of State



OO NOT WRITE IN THIS SPACE

01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1107325 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

54-734-6082

Daytime Phone #

6. Name and Address of Current Registered Agent

DERBA, JAMES 10640 SEA HOLLY DRIVE BOYNTON BEACH, FL 33436

SIGNATURE:

DO NOT WRITE IN THIS SPACE

me obligati	ons or registered agent.	•	p-30-0p
SIGNATURE	Signature, typifd or printed name of registered agent and title if explicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Signature, typid or printed name of registered against and title if explicable.	(NOTE: Registered Agent signature required which (entitiating)	
Filing Fee is \$50.00 Due by May 1, 2004			U00000055426 02/17/04-80038-008 50.00
9.	MANAGING MEMBERS/MANAGERS		Company of the first war and the second
TITLE	MGRM	THE S	المحمولة ودومت الطالبين المراكز المرا
NAME]	DERBA, JIM	to the page proof of	
STREET ADDRESS	10640 SEA HOLLY DRIVE	A service of the serv	
CITY-\$T-ZIP	BOYNTON BEACH, FL 33436	And the second s	
TITLE			
NAME		ر در برود کا معمد میلانی در برود و مومه در	The state of the s
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		The state of the s	
NAME		A Commence of the Commence of	The state of the s
STREET ADDRESS			NOT WRITE
City-St-ZIP			
TITLE		LLL WASTERN	THIS SPACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			The state of the s
TITAE		The same and the s	The second secon
NAME		المراقب المناس عامر الأعداديين	A STATE OF THE STA
STREET ADDRESS			
CITY#-ST-ZIP			
TITLE		A STATE OF THE STA	
NAME			
STREET ADDRESS		a control of the cont	The second secon
CITY-SY-ZIP		Company of the Compan	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
11. I hereby certify that the information supplied with this filling 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 eath; 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.			

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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