2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

SIGNATURE:

FILED Apr 08, 2005 08:00 AM Secretary of State

05

Daytime Phone #

Dale

ANNUAL REPORT				Apr 08, 2005 08:00 A		
DOCUMENT # L0100008835				Sec	Secretary of State	
GRAND I	DERBA LLC					
Principal Plac	e of Business	Mailing Address				
	HOLLY DRIVE EACH, FL 33436	10640 SEA HOLLY DRIVE Boynton Beach, FL 33436				
			<u> </u>			
DO NOT WRITE IN THIS SPA			CE	03292005 No Chg-LLC	CR2E083 (10/03)	
				4. FEI Number 65-1107325	Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
ļ	6. Name and Address of C	urrent Registered Agent				
DERBA, JAMES				DO NOT WI	RITE	
10640 SEA HOLLY DRIVE BOYNTON BEACH, FL 33436				·		
BOTH ON BENOT, TE SOTOS				IN THIS SPA	ACE	
<u> </u>			.,			
the obligat	named entity submits this state tions of registered agent.	ment for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept	
SIGNATURE.	Signature, reped or printed name of register	ad agent and title if applicable (NOTE Registers	d Agent signature required	when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005					
9.	,	MEMBERS/MANAGERS		······································		
TITLE NAME	MGRM DERBA, JIM					
STREET ADDRESS	10640 SEA HOLLY DRIVE					
CITY-ST-ZIP	BOYNTON BEACH, FL 33	1436	_			
TITLE NAME				U000001	294628 80076-023 50.00	
STREET ADDRESS				רכט /פט /אט	00010_057 30.00	
CITY-ST-ZIP			_			
TITLE NAME						
STREET ADDRESS				DO NOT WI	DITE	
CITY-ST-ZIP			_			
TITLE NAME				IN THIS SP	ACE	
STREET ADDRESS						
CITY-ST-ZIP			_			
TITLE Name						
STREET ADDRESS						
CITY-ST-ZIP			4			
TITLE NAME						
AVECT ADDRESS	1					

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE