

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90012 041 ****55.00

DOCUMENT # L02000032139					
1. Entity Name BAYOU GRANDE MANAGEMENT, LLC					
Principal Place of Business PGNSAWLA 1801 HEINRICH ST PENSACOLA, FL 32507			Maining Address 2202 NORTH 61ST AVENUE PENSACOLA, FL 32506		
2. Principal Place of Business			3. Maining Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 47-0899359	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Associated For Not Associated	
6. Name and Address of Current Registered Agent LOJO, WILFREDO 2202 N 61ST AVE PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) 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 _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM LOJO, WILFREDO 2202 N 61ST AVE PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MR JAMES LOWENSTEIN 1801 HEINRICH ST PGNSAWLA FL 32507		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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: APR 11, 2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					