

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001706

FILED
Apr 26, 2006
Secretary of State

Entity Name: GRAND BAY/PELICAN BAY HOLDINGS, L.L.C.

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1172743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES, FL 34105 US

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.

SIGNATURE:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAUER, RICHARD A
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: BRACCI, STEVEN
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM (X) Delete
Name: JENNINGS, KEITH
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM (X) Delete
Name: REIF, DAVID
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAUER, FREIDA
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JENNINGS, JENNINGS
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A NASHMAN

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date