

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029408

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: GRAND BAHAMA WEST, LLC

**Current Principal Place of Business:**

15824 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

15824 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBRECHTA, MARK ESQUIRE  
15824 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

ALBRECHTA, MARK J ESQUIRE  
15824 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618 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: MARK J. ALBRECHTA

04/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALBRECHTA, MARK ESQUIRE  
Address: 15824 HAMPTON VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR ( ) Delete  
Name: ROY, WILLIAM G ESQUIRE  
Address: 411 WEST CENTRAL PARKWAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: MARK J. ALBRECHTA

MGR

04/19/2004

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