

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-20-2004 90124 021 ****50.00
02-09-2004 90193 001 ****100.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000043194			
1. Entity Name GRAND ENTERPRISES, LLC			
Principal Place of Business 704 MARITIME WAY NORTH PALM BEACH, FL 33410		Mailing Address 704 MARITIME WAY NORTH PALM BEACH, FL 33410	
2. Principal Place of Business		3. Mailing Address 401 Veterans Blvd. #102	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Metairie, LA	
Zip	Country	Zip	Country
70005	USA	70005	USA
6. Name and Address of Current Registered Agent NORRIS, DAVID B 712 U.S. HIGHWAY ONE STE. 400 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Christopher D. Schott 401 Veterans Blvd. #102 Metairie, LA 70005 ☐ 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
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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)(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: Michael Schott - Manager		Date: 02-20-04 Daytime Phone #: 504-212-1692	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			