

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047147

1. Entity Name  
GRANDE LAGOON BOAT BASIN SPOILS, LLC



Principal Place of Business  
11809 CHANTICLEER DR  
PENSACOLA, FL 32507

Mailing Address  
P.O. BOX 34459  
PENSACOLA, FL 32507

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOME, S. CRAIG  
11809 CHANTICLEER DR  
PENSACOLA, FL 32507

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956571  
07/28/08-80008-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACOUR, DICK 11813 CHANTIGLEER DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, AL 11809 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLZAPFEL, KRIS 11727 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOME, S. CRAIG 11809 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, ED 11809 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S. CRAIG BROOME, S. CRAIG BROOME, 7/25/08, 850-492-3426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #