

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 029 *****50.00

DOCUMENT # L04000034090

1. Entity Name
GRAND ISLAND RESERVE, LLC



Principal Place of Business
**557 N. WYMORE ROAD, SUITE 102
MAITLAND, FL 32751**

Mailing Address
**557 N. WYMORE ROAD, SUITE 102
MAITLAND, FL 32751**

20028587



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
68-0598004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLIMORE, ELLSWORTH G
557 N. WYMORE ROAD, SUITE 102
MAITLAND, FL 32751**

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GALLIMORE, ELLSWORTH G**
STREET ADDRESS **557 N. WYMORE ROAD, SUITE 102**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **LOUISE A. WARD**
CITY-ST-ZIP **557 N. WYMORE ROAD, SUITE 102
MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ellsworth G. Gallimore
Ellsworth G. Gallimore, Manager

3/31/2005 (407) 667-0100

Date

Daytime Phone #