

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90109 015 ****50.00

DOCUMENT # L04000040195	
1. Entity Name GRAND ISLE GROUP, LLC	



Principal Place of Business 4274 DANIELSON DRIVE LAKE WORTH, FL 33467	Mailing Address 4274 DANIELSON DRIVE LAKE WORTH, FL 33467
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20062993

2. Principal Place of Business 2287 Statesbury Way Suite, Apt. #, etc.	3. Mailing Address 2287 Statesbury Way Suite, Apt. #, etc.
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07012005 Chg-LLC CR2E083 (10/03)

City & State WPB FL	City & State WPB FL
Zip 33414	Zip 33414
Country Palm Beach	Country Palm Beach

4. FEI Number 34-1997084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABDEL-HALIM, JAMAL 4274 DANIELSON DRIVE LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent Name Abdel-Halim Jamal	
Street Address (P.O. Box Number is Not Acceptable) 2287 Statesbury Way	
City WPB	State FL Zip Code 33414

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDEL-HALIM, JAMAL 4274 DANIELSON DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDEL-HALIM JAMAL 2287 Statesbury Way WPB, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLYMPIAN TRIO LIMITED PARTNERSHIP 4274 DANIELSON DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Olympian Trio Limited Partnership 2287 Statesbury Way WPB, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jamal Abdel-Halim **7/11/05** **(561)9650566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #