## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L04000044573**

1. Entity Name
GRAND PRODUCTS WORLDWIDE, LLC

Principal Place of Business

Mailing Address

1601 ESSEX AVENUE DELAND, FL 32724

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## **FILED** Jan 17, 2006 08:00 AM **Secretary of State**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1810390

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BAUER, KIRK T

## DO NOT WRITE

DELAND, FL 32724		IN THIS SPACE
	named entity submits this statement for the purpose of changing its registered tons of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered	Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERHOLSER, MATTHEW 1600 ESSEX AVENUE DELAND, FL 32724 MGR BULLIS, JEROME "JERRY" 1601 ESSEX AVENUE DELAND, FL 32724	U00000389406 01/20/06-80045-020 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		1

11. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10/06