2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90030 016 ****50.00

DOCUMENT # L04000044573 GRAND PRODUCTS WORLDWIDE, LLC Mailing Address Principal Place of Business **1601 ESSEX AVENUE** 1601 ESSEX AVENUE DELAND, FL 32724 DELAND, FL 32724 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 14-1810390 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUER, KIRK T 223 S. WOODLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) DELAND, FL 32724 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. President ☐ Addition TITLE ☐ Delete TITLE Change OVERHOLSER, MATTHEW NAME NAME David Lee STREET ADDRESS 1600 ESSEX AVENUE STREET ADORESS 1601 Essex Avenue CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP De Land, FL 32724 TITLE MGR ☐ Delete TITLE ☐ Addition Change There is no longer a MGR **BULLIS, JEROME "JERRY"** NAME NAME 1601 ESSEX AVENUE STREET ADDRESS associated with Grand Products WorldWide STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete IIILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 troe 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

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