


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 027 ****50.00

DOCUMENT # L04000050847	
1. Entity Name GRATEFUL SNEED INVESTMENTS, L.L.C.	

Principal Place of Business 332 WIMICO CIRCLE DESTIN, FL 32541	Mailing Address 332 WIMICO CIRCLE DESTIN, FL 32541
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2. Principal Place of Business 81 Shirah Street Suite, Apt. #, etc.	3. Mailing Address 81 Shirah Street Suite, Apt. #, etc.
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City & State Destin, Florida	City & State Destin Florida
Zip 32541	Zip 32541
Country OKaloosa	Country OKaloosa

01192006 Chg-LLC CR2E083 (11/05)



4. FEI Number 20-1337923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAVENS, JASON E 1223 AIRPORT ROAD SUITE 101 DESTIN, FL 32541		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNEED, ROBERT J SR. 332 WIMICO CIRCLE DESTIN, FL 32541 <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	MGRM SNEED, DONNA L 332 WIMICO CIRCLE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donna L. Sneed Donna L. Sneed 1/19/06 850-837-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #