

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90243 011 ****50.00

DOCUMENT # L04000067780					
1. Entity Name GRAND LAGOON TRADING, LLC					
Principal Place of Business 6525 PRESTWICK DRIVE HIGHLAND, MD 20777			Mailing Address 6525 PRESTWICK DRIVE HIGHLAND, MD 20777		
2. Principal Place of Business 1609 MOYLAN RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PANAMA CITY BEACH Zip: 32407 Country: USA		City & State Zip: Country:		4. FEI Number 20-1631336	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, RICHARD 116 RUSTY GAINES DRIVE PANAMA CITY, FL 32408			7. Name and Address of New Registered Agent 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: <u>Richard Hernandez</u> <u>Richard Hernandez</u> <u>General Manager</u> <u>7/4/05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOCKSTADER, CHRISTINE 6525 PRESTWICK DRIVE HIGHLAND, MD 20777		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	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>856-234-0350</u> <small>Daytime Phone #</small>		

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