

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 006 ****50.00

DOCUMENT # L05000021217

1. Entity Name
GERMAN GOLDBOND REDEMPTION GROUP, LLC



Principal Place of Business
**3709 HENDERSON BLVD.
SUITE 200
TAMPA, FL 33629**

Mailing Address
**3709 HENDERSON BLVD.
SUITE 200
TAMPA, FL 33629**

20041059



2. Principal Place of Business

3. Mailing Address

04262006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0559973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCONNELL, WILL
3709 HENDERSON BLVD.
SUITE 200
TAMPA, FL 33629**

Name **James Grizzard**
Street Address (P.O. Box Number is Not Acceptable)

512 Hickory Lake Dr.

City **Brandon**

FL

Zip Code

33511

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

James Grizzard

4/28/06

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE **MGRM** ☒ Delete
NAME **MCCONNELL, WILL**
STREET ADDRESS **3907 HENDERSON BLVD. SUITE 200**
CITY - ST - ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **James Grizzard**
STREET ADDRESS **512 Hickory Lake Dr.**
CITY - ST - ZIP **Brandon, FL 33511**

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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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 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:

James Grizzard

4/28/06

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

Date

Daytime Phone #