


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90031 034 \*\*\*\*50.00

<b>DOCUMENT # L05000033279</b> 1. Entity Name <b>GRAND BAY, LLC</b>					
Principal Place of Business <b>112 ADRIS PLACE SUITE 1 DOTHAN, AL 36303 US</b>			Mailing Address <b>112 ADRIS PLACE SUITE 1 DOTHAN, AL 36303 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOWD, JOHN R JR 285 HIGHWAY 98 EAST SUITE A DESTIN, FL 32541			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by September 15, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIRLEY, JAYE M		NAME		
STREET ADDRESS	112 ADRIS PLACE, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, KEVIN D		NAME		
STREET ADDRESS	112 ADRIS PLACE, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <i>KEVIN D. HARPER</i>			<i>09.08.06 334.655.3030</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

40104002



09082006 Chg-LLC CR2E083 (11/05)

4. FEI Number **16-1724366** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required