


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90122 012 \*\*\*\*50.00

<b>DOCUMENT # L05000104782</b>	
1. Entity Name <b>GRAND PANAMA RETAIL, L.L.C.</b>	

Principal Place of Business <b>2433 THOMAS DRIVE BOX 149 PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>2433 THOMAS DRIVE BOX 149 PANAMA CITY BEACH, FL 32408</b>
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2. Principal Place of Business <b>11501 Hutchison Blvd.</b>	3. Mailing Address <b>8075 Madison Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 112</b>

City & State <b>Panama City Beach, FL</b>	City & State <b>Madison, AL</b>
Zip <b>32407</b>	Zip <b>35758</b>
Country <b>USA</b>	Country <b>USA</b>

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08012006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3772199</b>	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 <b>HARRISON, FRANKLIN R 304 MAGNOLIA AVENUE PANAMA CITY BEACH, FL 32401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **Louis W. Breland** DATE **8/9/06**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRELAND, LOUIS W 2433 THOMAS DRIVE, BOX 149 PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Louis W. Breland 11501 Hutchison Blvd. Panama City Beach, FL 32407 <input checked="" 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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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

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: **Louis W. Breland** DATE **8/9/06** DAYTIME PHONE # **256-461-4155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE