

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002327

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE GRILCOAT COMPANY, L.C.

Current Principal Place of Business:

4745 SOUTH ATLANTIC AVENUE, UNIT 505
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4745 SOUTH ATLANTIC AVENUE, UNIT 505
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-3603562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAIL, DON
4745 SOUTH ATLANTIC AVENUE, UNIT 505
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAIL, DON
Address: 4745 SOUTH ATLANTIC AVENUE, UNIT 505
City-St-Zip: PONCE INLET, FL 32127

Title: MGR () Delete
Name: GRAIL, KEVIN S
Address: 4745 S. ATLANTIC AVE. #505
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR (X) Delete
Name: MEIERER, LINDA
Address: 4745 SOUTH ATLANTIC AVENUE, UNIT 505
City-St-Zip: PONCE INLET, FL 32127 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON GRAIL

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date