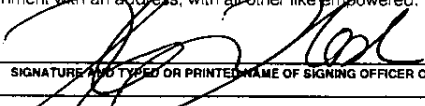


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90227 041 ***158.75

DOCUMENT # P01000024904 1. Entity Name GRAND ISLE GENERAL PARTNER, INC.					
Principal Place of Business C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758			Mailing Address C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758		
2. Principal Place of Business c/o Harris Cramer LLP Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd., Ste. 310		3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 310 Suite 310		<div style="font-size: 24pt; transform: rotate(-10deg); display: inline-block;">14008160</div> 	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-1086146	
Zip 33401		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach	
State FL		Zip Code 33401			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%; text-align: center;"> Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner by Daryl B. Cramer, President </div> <div style="width: 10%; text-align: right;"> 4/26/05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		
NAME	LUCCHESI, FABRIZIO		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL, ONT, CA 14b 1c6		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, WILLIAM P		NAME		
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL, ONT, CA 14b 1c6		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, DAVID		NAME		
STREET ADDRESS	217 WESTMONTE DR STE 2013		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		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		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR 15 2005 905-882-1212 <small>Date Daytime Phone #</small>		