

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024904

FILED
Apr 21, 2009
Secretary of State

Entity Name: GRAND ISLE GENERAL PARTNER, INC.

Current Principal Place of Business:

C/O REED CONTRACTORS
217 N. WESTMONTE DR. SUITE 2013
ALAMONTE SPRINGS, FL 32714

New Principal Place of Business:

C/O JAYMOR MANAGEMENT GROUP
121 ORANGE AVENUE, SUITE 1450
ORLANDO, FL 32801

Current Mailing Address:

C/O REED CONTRACTORS
217 N. WESTMONTE DR. SUITE 2013
ALAMONTE SPRINGS, FL 32714

New Mailing Address:

C/O JAYMOR MANAGEMENT GROUP
121 ORANGE AVENUE, SUITE 1450
ORLANDO, FL 32801

FEI Number: 65-1086146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, LLP, HARRIS
1555 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LUCCHESI, FABRIZIO
Address: 105 WEST BEAVER CREEK, UNITS 9 & 10
City-St-Zip: RICHMOND HILL, ONT, CA L4B 1C6

Title: VD () Delete
Name: MYERS, WILLIAM P
Address: 105 WEST BEAVER CREEK, UNITS 9 & 10
City-St-Zip: RICHMOND HILL, ONT, CA L4B 1C6

Title: VSD () Delete
Name: REED, DAVID
Address: 217 WESTMONTE DR STE 2013
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VSD (X) Change () Addition
Name: REED, DAVID
Address: 1105 KENSINGTON PARK DR, SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 19

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABRIZIO LUCCHESI

PTD

04/21/2009

Electronic Signature of Signing Officer or Director

Date