
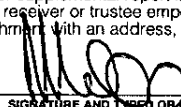


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90191 003 ***150.00

DOCUMENT # V22114 1. Entity Name GRAND BAY MANAGEMENT COMPANY					
Principal Place of Business 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207 US			Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0331018				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISER, SHERWOOD M. 3250 MARY STREET 5TH FLOOR MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	CEOP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEISNER, FRED		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	COEV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TENG, TED		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	CFEV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RICK		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	SVT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICK, JUDY		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	SVAS <input checked="" type="checkbox"/> Delete		TITLE	SVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOHLMANN, JOHN		NAME	MARK Chloupek	
STREET ADDRESS	1950 STEMMONS FREEWAY STE 6001		STREET ADDRESS	1950 stemmons Frwy #6001	
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	SVAS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORSE, JOHN		NAME		
STREET ADDRESS	1950 STEMMONS FRWY, STE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		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: 			Mark M. Chloupek		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-2-04 Daytime Phone #: 214 863 1000		

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