


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90070 021 \*\*\*\*50.00

**DOCUMENT # L04000032192**  
 1. Entity Name  
**GRIELEN'S GREEN GABLES, LLC**



Principal Place of Business 1044 SUNSET POINT CLEARWATER, FL	Mailing Address 1044 SUNSET POINT CLEARWATER, FL
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20003030



01042006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1066150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUDOBA, STEPHEN M  
 101 EAST KENNEDY BOULEVARD, SUITE 3700  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIELEN, FRANIA <del>1111</del> SUNSET POINT ROAD 1044 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIELEN, OLIVER <del>1111</del> SUNSET POINT ROAD 1044 CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**

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:** *Francia Grielen* / 12/06 727-442-8722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #