## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000024755

1. Entity Name GREENWOOD LAKE PROPERTIES, LLC



FILED Jan 31, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O JAMES R. POKORNY 3550 LANDER ROAD PEPPER PIKE, OH 44124 Mailing Address

C/O JAMES R. POKORNY 3550 LANDER ROAD PEPPER PIKE, OH 44124



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 61-1427714 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## 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.	Signature, typed or printed name of registered agant and title if applicable.	(NOTE, Registered Agent signature required when re-	nstailing) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005	1	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JETER, DEREK PO BOX 43602 DETROIT, MI 48243		U00000203400 02/01/05-80084-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POKORNY, JAMES R 3550 LANDER RD. PEPPER PIKE, OH 44124		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	· · · · · · · · · · · · · · · · · · ·
TITLE		T .	

11. I hereby certify that the information supplied with this filling 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 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.

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

James R. Pokorny

1/20/05-

216.910.0486

Daytime Phone #