


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000901 1. Entity Name GREENFIELD VILLAGE, L.L.C.	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------



01112006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAPMAN, JOSEPH F IV 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405

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


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, JOSEPH F IV 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARR, JIMMY D 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JOE F P.O. BOX 2523 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPPIN, LAURETTA J 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000538272
05/09/06-80051-004 55.00

**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:  Lauretta J. Pippin, Secretary 4/20/06 (850) 769-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #