


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000000901 1. Entity Name GREENFIELD VILLAGE, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3623098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

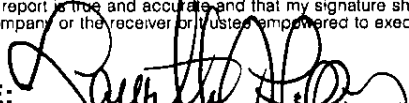
U000000941740
05/28/08-80120-003 138.75

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 HENRY, ROBERT F III 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	

**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

4/10/08

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #