## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # L00000015259** 1. Entity Name GREVA, L.C. Principal Place of Business Mailing Address 8405 N.W. 53RD ST., C-102 8405 N.W. 53RD ST., C-102 MIAMI, FL 33139 MIAMI, FL 33139 CR2E083 (10/03) 04142005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1064673 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PRODEK INC. DO NOT WRITE 8405 N.W. 53RD ST., C-102 MIAMI, FL 33139 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, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE SANABRIA, LUIS A NAME STREET ADDRESS 8405 N.W. 53RD ST., C-102 MIAMI, FL 33139 CITY-ST-ZIP TITLE U00000332010 NAME 04/26/05-80038-007 **5**0.00 STREET ADDRESS CITY - ST - ZIP 1111 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 11. 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

THORIZED REPRESENTATIVE

FILED