2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L01000004028

Entity Name: GREGG FAMILY, L.L.C.

Current Principal Place of Business:

100 LAKESHORE DRIVE #1553
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

100 LAKESHORE DRIVE #1553
1553
NORTH PALM BEACH, FL 33408

Current Mailing Address:

100 LAKESHORE DRIVE #1553
NORTH PALM BEACH, FL 33408

New Mailing Address:

100 LAKESHORE DRIVE #1553
1553
NORTH PALM BEACH, FL 33408

FEI Number: 56-1972889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGG, DAVID F
100 LAKESHORE DRIVE #1553
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

GREGG, DAVID F
100 LAKESHORE DRIVE #1553
1553
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: 03/19/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREGG, DAVID F
Address: 100 LAKESHORE DRIVE 1553
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGRM ( ) Delete
Name: GREGG, ANITA S
Address: 100 LAKESHORE DRIVE 1553
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID F. GREGG MGRM 03/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date