


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

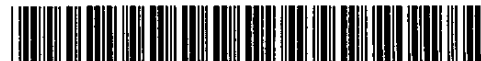
**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90034 029 \*\*\*\*50.00

<b>DOCUMENT # L01000011079</b>	
1. Entity Name <b>GREYHOUND INVESTMENTS, LLC</b>	

Principal Place of Business <b>107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759</b>	Mailing Address <b>107 HAMPTON ROAD STE 190 CLEARWATER, FL 33759</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

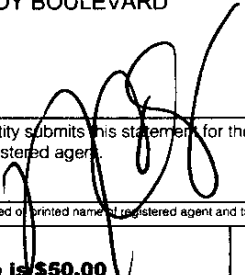


01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3734630</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, KEVIN D 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA, FL 33602		Name <b>Brad Hines</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Second Avenue South</b> <b>Suite 301N</b> City <b>St. Petersburg</b> FL Zip Code <b>33701</b>	

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.

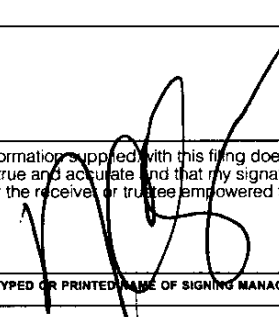
SIGNATURE  DATE **4/10/07**

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHERER, J CHRIS 107 HAMPTON ROAD STE 190 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  DATE **4/10/07**

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