LIMITED LIABILITY COMPANY **UMFORM BUSINESS REPORT (UBB)**

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90593 044 ****50.00

DOCUMENT #	T01000051389	
1. Entity Name		
GRÉENWAY PROPE	RTIES 19 LDG	

GRÉENV	WAY PROPERTIES 19	rpe							
	DO NOT WRITE		SPACI			95	8056		
1.72.5	Place of Business University Drive	3. Mailing Address							
Suite Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE			
City & Sta		City & State			4. FEI Num	ed for	Applie Not A	ed For	
Zip 了	71 Brown	Zip	Country	'	5. Certifica	te of Status Desired	\$5.00 Addition Fee Required	nal	
		2	<u> </u>	Nome	7. Name and	Address of Current			
	DO NOT W	RITF			FF SH				
فتحتيز يخيط متوف مناسعة	IN THIS SP			Street Addres	<u>s (P.O. Box Num</u>	ber is Not Acceptable	<u>e</u>		
æ		ACE		Lite	450	•			
				City Con	15 prings	<u> </u>	FL Zip Code	7	
8. The above	e named entity submits this statement for	the purpose of changing i	its registered	office or regis	tered agent, or b	oth, in the State of Flor	rida.	7	
SIGNATURE .									
	Signature, typed or printed name of registered agent ar	d title if applicable.					DATE		
		Make Check F	FEE IS \$5 Payable to I DUE BY N	Department	of State				
9.	MANAGING MEMBER	S/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFSHERMIN 1725 UNVERTY DAVE CONNESS FU	~33071	TITLE NAME STREET A CITY-ST	1				083B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	,	TITLE NAME STREET A CITY-ST-	i i				CR2E083B	
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ITLE IAME TREET ADDRESS ITY-ST-ZIP			TITLE NAME STREET AL CITY-ST-	1					
ITY-ST-ZIP	ertify that the information supplied with the	us filing does not qualify for	CITY-ST-	ZIP	Section 110 07(2)	(i) Elorido Statutos 14	with a government that the state of the stat		

Thereby: Certify that the mormation supplied with this him globes not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #