## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000008605

Entity Name: THE GREENS WAY PARTNERS, LLC

FILED Mar 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1680 THE GREENS WAY 1680 THE GREENS WAY

SUITE 100 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250

**New Mailing Address: Current Mailing Address:** 

1680 THE GREENS WAY 1680 THE GREENS WAY

JACKSONVILLE BEACH, FL 32250 SUITE 100

JACKSONVILLE BEACH, FL 32250

FEI Number: 55-0791364 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

PYLE, JAMES G PYLE, JAMES G

1680 THE GREENS WAY 1680 THE GREENS WAY, SUITE 100

US JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 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: JAMES G PYLE 03/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete MGRM (X) Change ( ) Addition

PYLE, JAMES G Name: PYLE, JAMES G Name:

1680 THE GREENS WAY, SUITE 100 Address: 1680 THE GREENS WAY Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete Title: () Change () Addition

DAWS, JAMES H Name: Name: Address: 5400 RIVERSIDE DR STE 203 Address: City-St-Zip: MACON, GA 31210 City-St-Zip:

Title: MGR Title: () Change () Addition

() Delete MONTOYA, H. WILLIAM Name: Name: 238 PONTE VEDRA PARK DRIVE Address: Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: MGR ( ) Delete Title: () Change () Addition

Name: BROWER, BARRINGTON D Name: 238 PONTE VEDRA PARK DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 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: JAMES G PYLE 03/03/2009