2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# L02000010046

Entity Name: GREYBEZ, LLC

Current Principal Place of Business:

2167 5TH AVE. NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2167 5TH AVE. NORTH
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 27-0009655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNAUST, WARREN J ESQ
2167 5TH AVE., NORTH
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GREY, JERALDINE
Address: P.O. BOX 742
City-St-Zip: PINELLAS PARK, FL 33780

Title: MGRM ( ) Delete
Name: GREY, DONALD S
Address: P.O. BOX 21272
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGRM ( ) Delete
Name: GREY, MICHAEL
Address: 5505 BAY ST. NE
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: GREY, MICHAEL
Address: 5505 BAY ST. NE
City-St-Zip: ST PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL M. GREY MGRM 04/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date