

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-01-2005 90019 050 ****50.00

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1st MOORE CR2E083 (10/04)

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|---|--|---|---|---|--|
| DOCUMENT # L02000015032 1. Entity Name GRECA, LLC | | | | | |
| Principal Place of Business C/O ROBERT LEE SHAPIRO, P.A. 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS FL 33410 | | | Mailing Address C/O ROBERT LEE SHAPIRO, P.A. 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS FL 33410 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent SHAPIRO, ROBERT LEE PA 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS FL 33410 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM HAISFIELD, AUDREY 2380 ATOKA RD. MARSHALL VA 20115 <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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date _____ Daytime Phone # (385) 440-8574 | |