## 2907 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 23, 2007 08:00 Al Secretary of State DOCUMENT # L02000024484 1. Entity Name GREENWOOD HOLDINGS, LLC Principal Place of Business Mailing Address 101 PLAZA REAL SOUTH 101 PLAZA REAL SOUTH SUITE H SUITE H **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 52-2378675 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIPP SCOTT, P.A. Street Address (P.O. Box Number is Not Acceptable) 110 SE 6TH STREET, 15TH FLOOR FT LAUDERDALE FL 33301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE THIE ☐ Change **MGRM** ☐ Delete NAM! GREENWOOD, MARTIN NAME 000000676299 03/30/07-80052-025 50.00 STREET ADDRESS 101 PLAZA REAL S STE H STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY-ST-7IP THIE HHE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CITY-ST-ZIP THE ☐ Delete HILF Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

Daytime Phone #

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