

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-06-2003 90001 036 ****50.00

DOCUMENT # L02000024484					
1. Entity Name GREENWOOD HOLDINGS, LLC					
Principal Place of Business C/O HODGSON RUSS LLP 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON FL 33431			Mailing Address C/O HODGSON RUSS LLP 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON FL 33431		
2. Principal Place of Business 426 E. Palmetto Park Rd Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Boca Raton, Florida		City & State same		4. FEI Number 52-2378675	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431			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 _____ (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, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MANAGER NAME: Charles Greenwood STREET ADDRESS: 426 E. Palmetto Park Rd CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: MANAGER NAME: Audrey Greenwood STREET ADDRESS: 426 E. Palmetto Park Road CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____			3/3/03 561.362.5909		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CR2E083 (10/02)