

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90352 041 \*\*\*\*55.00

**DOCUMENT # L02000028684**

1. Entity Name  
**GREENBRIAR INVESTMENT COMPANY, LLC**



Principal Place of Business  
**2442 METROCENTRE BLVD.  
WEST PALM BEACH, FL 33407-3105**

Mailing Address  
**2442 METROCENTRE BLVD.  
WEST PALM BEACH, FL 33407-3105**

**20021160**



*Please change*  
**5895 Heckert Rd - Suite 108  
PO Box 370  
Bakers town, Pa 15007**

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**5895 Heckert Rd - Suite 108  
PO Box 370  
Bakers town, Pa 15007**

01202005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
**16-1635246**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, JOHN II  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GIBSON, THOMAS  
2442 METROCENTER BLVD  
WEST PALM BEACH, FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

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

**THOMAS R GIBSON**

Date

**2/3/05**

Daytime Phone #

**561-689-0220**