

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032285

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** MAINSAIL HOUSING OF GREENVILLE, LLC

**Current Principal Place of Business:**

8010 WOODLAND CTR. BLVD.  
SUITE 900  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

8010 WOODLAND CTR. BLVD.  
SUITE 900  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 59-3216763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASSALLO, JULIANNE  
15814 GLENARN DR.  
TAMPA, FL 33618 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: DP ( ) Delete  
Name: COLLIER, JOE C III  
Address: 821 S NEWPORT AVE.  
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete  
Name: VASSALLO, JULIANNE  
Address: 15814 GLENARN DR.  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLLIER, JOE C III  
Address: 821 S NEWPORT AVE.  
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Change ( ) Addition  
Name: VASSALLO, JULIANNE  
Address: 15814 GLENARN DR.  
City-St-Zip: TAMPA, FL 33618

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: JULIANNE VASSALLO

MGR

04/28/2004

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