

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000003271

1. Entity Name
GREER PROPERTIES, LLC



Principal Place of Business
624 U.S. HIGHWAY ONE
LAKE PARK, FL 33403 US

Mailing Address
624 U.S. HIGHWAY ONE
LAKE PARK, FL 33403 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0965766	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS, FL 33410

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME GREER, ROBERT IV, DO
STREET ADDRESS 624 U.S. HIGHWAY ONE
CITY- ST- ZIP LAKE PARK, FL 33403

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE MGR
NAME GREER, KELLI
STREET ADDRESS 624 U.S. HIGHWAY ONE
CITY- ST- ZIP LAKE PARK, FL 33403

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

Change Addition

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CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/16/06

Date

Daytime Phone #