

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008747

FILED  
May 01, 2006  
Secretary of State

Entity Name: GREAT VIEW, LLC

**Current Principal Place of Business:**

7758 SILVERBELL DRIVE  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

46 CENTERRA PARKWAY  
SUITE 330  
LEBANON, NH 03766

**New Mailing Address:**

FEI Number: 54-2098747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CANNON, HUGH  
7758 SILVERBELL DRIVE  
SARASOTA, FL 34241      US

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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BUCKLEY, ROBERT B JR.  
Address: 46 CENTERRA PARKWAY  
City-St-Zip: LEBANON, NH 03766

Title: MGR      ( ) Delete  
Name: HOPE, CANNON  
Address: PO BOX 413  
City-St-Zip: WOODSTOCK, VT 05091

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT B. BUCKLEY, JR.

MGR

05/01/2006

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