

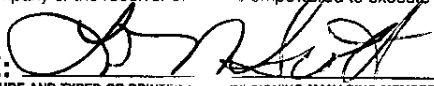


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90275 038 ****50.00

DOCUMENT # L030000 8751 1. Entity Name GREENWAY RESOURCES, LLC																							
Principal Place of Business 245 EAST DRIVE SUITE 103 MELBOURNE, FL 32904		Mailing Address P. O. BOX 120249 MELBOURNE, FL 32912																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																					
																							
		03022004 Chg-LLC CR2E083 (10/03)																					
		4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">81-0601783</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																					
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent SHIVELY, CORAL T 245 EAST DRIVE SUITE 103 MELBOURNE, FL 32904		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 Signature, typed or printed name of registered agent		Date and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																					
9. MEMBERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td>MGRM</td> </tr> <tr> <td>NAME</td> <td>SCOTT, LISA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>245 EAST DRIVE, SUITE 103</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MELBOURNE, FL 32912</td> </tr> </table>		TITLE	MGRM	NAME	SCOTT, LISA	STREET ADDRESS	245 EAST DRIVE, SUITE 103	CITY-STATE-ZIP	MELBOURNE, FL 32912	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="width:20%;">TITLE</td> <td style="width:20%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS			CITY-STATE-ZIP	
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11. I hereby certify that the information supplied in 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; 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 is 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		Date 3-2-04 Daytime Phone # 321-951-3010																					