


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90040 012 ****50.00

DOCUMENT # L03000011583					
1. Entity Name GREENWAY CANYON, LLC					
Principal Place of Business 9605 S MAGNOLIA AVE OCALA, FL 34476			Mailing Address 9605 S MAGNOLIA AVE OCALA, FL 34476		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2301 SE 3rd Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300			
City & State		City & State Ocala, FL			
Zip	Country	Zip 34471	Country Marion	4. FEI Number 65-1181065	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, JON K 9605 S MAGNOLIA AVE OCALA, FL 34476			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2208 SE 29th St. City Ocala FL Zip Code 34471		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBER, JON K 9605 S MAGNOLIA AVE OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2208 SE 29th St Ocala, FL 34471	
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
[Delete]			[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>		
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: _____			6/19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		