


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019664 1. Entity Name BRYANT GREENWOOD, LLC	
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Principal Place of Business 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934	Mailing Address P.O. BOX 362024 MELBOURNE, FL 32936
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0814174	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, DAVID L 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE

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:** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRYANT, DAVID L 4280 DOW RD #108 MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRESSLEY, BARBARA 4280 DOW RD #108 MELBOURNE, FL 32934
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<p>000000929548 05/21/08-80073-018 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/25/08** **321 431-1191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #