2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L03000032507

Entity Name: GREER FAMILY, LC

Current Principal Place of Business:

2058 NW 14TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2058 NW 14TH AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 56-2394322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREER, MELVIN M.D.
2058 NW 14TH AVE.
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: PS ( ) Delete
Name: GREER, MELVIN MD
Address: 2058 NW 14 AV
City-St-Zip: GAINESVILLE, FL 32605

Title: TD ( ) Delete
Name: GREER, ARLINE E
Address: 2058 NW 14 AV
City-St-Zip: GAINESVILLE, FL 32605

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 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: MELVIN GREER, MD PS 02/13/2009

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