

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 044 \*\*\*138.75

<b>DOCUMENT # L03000040249</b>					
<b>1. Entity Name</b> GREYSTONE PARTNERS I, LLC					
<b>Principal Place of Business</b> 324 S MAIN STREET, STE 260 STILLWATER, MN 55082 US			<b>Mailing Address</b> 324 S MAIN STREET, STE 260 STILLWATER, MN 55082 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2404559	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LACASSE, KEVIN J 3406 SE 18TH PLACE - 2816 SW 45th Street CAPE CORAL, FL 33904			<b>7. Name and Address of New Registered Agent</b> Name: <u>Kevin J. LaCasse</u> Street Address (P.O. Box Number is Not Acceptable): <u>2816 SW 45th Street</u> City: <u>Cape Coral</u> <b>FL</b> Zip Code: <u>33914</u>		
<b>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.</b> SIGNATURE:  DATE: <u>7/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACASSE, KEVIN J 324 SOUTH MAIN STREET STE 260 STILLWATER, MN 55082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOW, JOHN R 3406 SE 18TH PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEVE 3613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEVE 3613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEVE 3613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEVE 3613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEVE 3613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>			Date: <u>7/8/08</u> Daytime Phone #: <u>651-430-2024</u>		

30010700



07082008 Chg-LLC CR2E083 (12/08)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LACASSE, KEVIN J	
STREET ADDRESS	324 SOUTH MAIN STREET STE 260	
CITY-ST-ZIP	STILLWATER, MN 55082	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOW, JOHN R	
STREET ADDRESS	3406 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAYWOOD, STEVE	
STREET ADDRESS	3613 DEL PRADO BLVD S	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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