

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90300 026 ****55.00

DOCUMENT # L03000047472

1. Entity Name

GREENE'S WAY LLC



Principal Place of Business

1839 30TH AVE N
ST PETERSBURG FL 33713

Mailing Address

1839 30TH AVE N
ST PETERSBURG FL 33713

2. Principal Place of Business

2560 50th St N
Suite, Apt. #, etc.

3. Mailing Address

2560 50th St N
Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

73-1686510

Applied For

Not Applicable

Zip

33710

Country

Pineallas

Zip

33710

Country

Pineallas

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

GREENE, JAMES D MGRM
1839 30TH AVE N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name: Greene James D MGRM

Street Address (P.O. Box Number is Not Acceptable)

2560 50th St N

City

St Petersburg

FL

Zip Code

33710

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 consolidating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: GREENE, JAMES D MGRM
STREET ADDRESS: 1839 30TH AVE N
CITY-ST-ZIP: ST PETERSBURG FL 33713
☐ Delete

TITLE: MGR
NAME: Greene John C MGR
STREET ADDRESS: 445 35th Ave N Upper 1st Apt
CITY-ST-ZIP: St Petersburg FL 33704
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
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10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: Greene James D MGRM
STREET ADDRESS: 2560 50th St N
CITY-ST-ZIP: St Petersburg FL 33710
☒ Change ☐ Addition

TITLE:
NAME:
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #