

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90070 003 \*\*\*138.75

|                                                   |                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000048385</b>                    |  |
| 1. Entity Name<br><b>GREINER ENTERPRISES, LLC</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2505 32ND AVENUE W.<br/>BRADENTON FL 34205<br/>US</b> | Mailing Address<br><b>2505 32ND AVENUE W.<br/>BRADENTON FL 34205<br/>US</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



|                                                                            |                                   |
|----------------------------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business (No P.O. Box #)<br><b>2505 32nd Ave. W.</b> | 3. Mailing Address<br><b>Same</b> |
| Suite, Apt. #, etc.                                                        | Suite, Apt. #, etc.               |

1st MOORE CR2E083 (10/07)

|                                       |                             |
|---------------------------------------|-----------------------------|
| City & State<br><b>Bradenton Fla.</b> | City & State<br><b>Same</b> |
| Zip<br><b>34205</b>                   | Zip<br><b>Same</b>          |
| Country<br><b>Man</b>                 | Country                     |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>26-3009433</b> | Applied For<br><input type="checkbox"/> No; Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                |                                                   |
|----------------------------------------------------------------|---------------------------------------------------|
| 5. Certificate of Status Desired<br><b>95-00 International</b> | <input checked="" type="checkbox"/> International |
|----------------------------------------------------------------|---------------------------------------------------|

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>LAZO, GURLEY DRAMIS<br/>535 SOUTH PALM AVENUE<br/>SARASOTA FL 34236</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

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's signature is required when fees are due) | DATE |
|-----------|--------------------------------------------------------------------------------|--------------------------------------------------------------------|------|

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                                                  |                                 |
|-------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |
| <b>MGRM<br/>GREINER, JAMES<br/>2505 32ND AVENUE W.<br/>BRADENTON FL 34205</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                             | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES                             |                                                                   |
|---------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:         | Date: <b>01-24-08</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                       |