

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048509

Entity Name: GREG ELOWSKY, LLC

FILED  
Feb 21, 2008  
Secretary of State

**Current Principal Place of Business:**

4393 CLAIR CT.  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

1193 GANGES TRAIL  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

P.O. BOX 6381  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

FEI Number: 33-1076741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELOWSKY, LAURA L  
4393 CLAIR CT.  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

ELOWSKY, LAURA L  
1193 GANGES TRAIL  
GULF BREEZE, FL 32563 US

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: LAURA L. ELOWSKY

02/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ELOWSKY, LAURA L MGR  
Address: 4393 CLAIR CT.  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ELOWSKY, LAURA L MGR  
Address: 1193 GANGES TRAIL  
City-St-Zip: GULF BREEZE, FL 32563 US

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: LAURA L. ELOWSKY

MGR

02/21/2008

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