2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# L04000003378

Entity Name: GREENE, GREENE & GREENE, LLC

Current Principal Place of Business:

11514 EAST HWY. 316
FORT MCCOY, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 188
FORT MCCOY, FL 32134 US

New Mailing Address:

FEI Number: 20-0583605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, WM. BEDFORD SR.
P O BOX 188
FORT MCCOY, FL 32134 US

Name and Address of New Registered Agent:

GREENE, C. RAY III
P O BOX 188
FORT MCCOY, FL 32134 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: C. RAY GREENE, III 01/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREENE, WM BEDFORD SR.
Address: P.O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: MGRM ( ) Delete
Name: GREENE, C. RAY III
Address: P.O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: MGRM ( ) Delete
Name: GREENE, JACK A
Address: P.O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: C. RAY GREENE, III MGRM 01/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date