

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007323

FILED
Aug 08, 2006
Secretary of State

Entity Name: GREYSTONE PARTNERS II, LLC

Current Principal Place of Business:

324 S MAIN STREET, STE 290
STILLWATER, MN 55082 US

New Principal Place of Business:

324 S MAIN STREET, STE 260
STILLWATER, MN 55082 US

Current Mailing Address:

324 S MAIN STREET, STE 290
STILLWATER, MN 55082 US

New Mailing Address:

324 S MAIN STREET, STE 260
STILLWATER, MN 55082 US

FEI Number: 11-3712075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LACASSE, KEVIN J
3406 SE 18TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACASSE, KEVIN J
Address: 324 SOUTH MAIN STREET STE 290
City-St-Zip: STILLWATER, MN 55082 US

Title: MGRM () Delete
Name: LOW, JOHN
Address: 3406 SE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

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: KEVIN J. LACASSE

MGRM

08/08/2006

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