
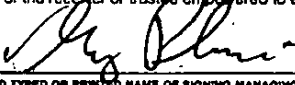


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

04-19-2005 90019 037 ****55.00

| | | | | | |
|---|--|--|------------------------------|--|---|
| DOCUMENT # L04000024800 1. Entity Name GREG PHENIS L.L.C. | | | |  | |
| Principal Place of Business 56 HICKORY WOOD DR. CRAWFORDVILLE, FL 32327 | | | | Mailing Address 56 HICKORY WOOD DR. CRAWFORDVILLE, FL 32327 | |
| 2. Principal Place of Business 56 HICKORY WOOD DR Suite, Apt. #, etc. | | 3. Mailing Address 56 HICKORY WOOD DR Suite, Apt. #, etc. | | | |
| City & State CRAWFORDVILLE, FL | | City & State CRAWFORDVILLE, FL | | | |
| Zip 32327 | | Country WAKULLA | | Zip 32327 | |
| Country WAKULLA | | 4. FEI Number 200948473 Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | 04122005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent PHENIS, GREG 56 HICKORY WOOD DR. CRAWFORDVILLE, FL 32327 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to: Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PHENIS, GREG 56 HICKORY WOOD DR. CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | | 4-13-05 850-926-7755 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |