## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L04000026987**

1. Entity Name GREIF COMPANIES, L.L.C.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2027 SUNRISE CIRCLE, UNIT B SANIBEL, FL 33957

2027 SUNRISE CIRCLE, UNIT B SANIBEL, FL 33957



01272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
20-0982398	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J 1633 PERIWINKLE WAY, SUITE A SANIBEL, FL 33957

SIGNATURE:

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<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. 1 am familiar with, and accept the obligations of registered agent.</li> </ol>			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREIF, ROBERT J 2027 SUNRISE CIRCLE, UNIT B SANIBEL, FL 33957		
TITLE NAME STREET ADDRESS CITY- ST-ZIP			000000618583 02/08/07-80037-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowaved to execute this report as required by Chapter 608, Florida Statutes.			