

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036454

FILED
Mar 24, 2006
Secretary of State

Entity Name: GREENVIEW RIDGE, L.L.C.

Current Principal Place of Business:

1050 SNIVELY AVENUE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 1819
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 38-3702234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, ALLAN L ESQ.
395 AVENUE C., N.W.
WINTER HAVEN, FL 33880 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: BOWEN, GILBERT
Address: 500 FIRETOWER ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: GREEN, MATTHEW
Address: 55 PINE FOREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: MGR () Delete
Name: GREEN, GARY W
Address: 8559 PINE FOREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: GREEN, SCOTT
Address: 45 HIGHWAY 27
City-St-Zip: DUNDEE, FL 33838

Title: MGRM () Delete
Name: TUCKER, REGINA A
Address: 904 154TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: GILBERT BOWEN

MGRM

03/24/2006

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