


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90115 024 \*\*\*\*50.00

<b>DOCUMENT # L04000047935</b>	
1. Entity Name <b>ALECK JAMES GREENWOOD LLC</b>	

Principal Place of Business <b>640 BREVARD AVENUE SUITE 201 COCOA, FL 32922</b>	Mailing Address <b>POST OFFICE BOX 1777 COCOA, FL 32923</b>
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30005573

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>N/A</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>SOILEAU, JOHN L 3490 NORTH US HIGHWAY 1 COCOA, FL 32922</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

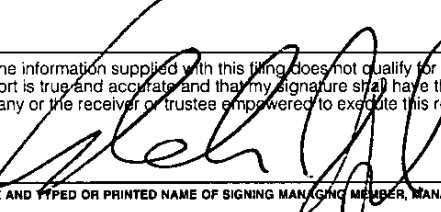
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWOOD, ALECK J POST OFFICE BOX 1777 COCOA, FL 32923 <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
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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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

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.

<b>SIGNATURE:</b> 	<b>7-5-05</b>	<b>321-632-0570</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

6-5-88 ATTACHMENT

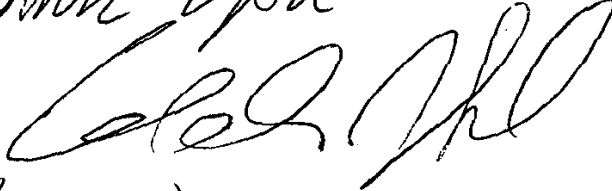
PLEASE NOTE:

30009979  
#104 000047935

My CORPORATION WAS  
PREPARED BUT REJECTED DUE  
TO THE F.E.I. NUMBER  
WAS LEFT BLANK.

PLEASE NOTE MY "NOT  
APPLICABLE STATUS" DUE TO  
NOT HAVING ANY EMPLOYEES.

THANK YOU FOR YOUR  
ATTENTION TO THIS. IF ADDITIONAL  
INFO IS NEEDED, FEEL FREE TO  
CALL 321-917-3770 -

THANK YOU  
  
ALEX GREENWALD