

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053958

1. Entity Name
GREYNOLDS APTS, LLC



Principal Place of Business
**3685 NORTH BAY HOMES DRIVE
MIAMI, FL 33133**

Mailing Address
**3685 NORTH BAY HOMES DRIVE
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2472680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPETKO, MICHAEL
3685 NORTH BAY HOMES DRIVE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALVAREZ, SANTIAGO
STREET ADDRESS	3685 NORTH BAY HOMES DRIVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM
NAME	SPETKO, MICHAEL
STREET ADDRESS	3685 NORTH BAY HOMES DRIVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000053958
05/05/06-80114-004 \$50.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Michael Spetko

4/12/06

305
448-9339