


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90177 020 \*\*\*\*55.00

DOCUMENT # L04000076037

1. Entity Name  
 DWAYNE GREER, LLC



Principal Place of Business      Mailing Address

4388 SW CR 16      4388 SW CR 16  
 FT WHITE FL 32038      FT WHITE FL 32038  
 US      US

*Dwayne Greer LLC      Dwayne Greer LLC*


2. Principal Place of Business      3. Mailing Address

*880 SW Sherlock Ter      880 SW Sherlock Ter*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*LAKE City Florida      LAKE City FL*  
 City & State      City & State

Zip      Country      Zip      Country

*32024      Colombia      32024      Colombia*

*20013281*



1st MOORE      CR2E083 (10/04)

4. FEI Number      Applied For

*20-1768596*      Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREER, DWAYNE R  
 4388 SW CR 16  
 FT WHITE FL 32038

7. Name and Address of New Registered Agent

Name *Dwayne Greer*

Street Address (P.O. Box Number is Not Acceptable)  
*880 SW Sherlock Ter*

City *LAKE City*      FL      Zip Code *32024*

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 *Dwayne Greer*      DATE *2/16/05*

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	GREER, DWAYNE R	
STREET ADDRESS	4388 SW CR 16	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greer, Dwayne R	
STREET ADDRESS	880 SW Sherlock Ter	
CITY-ST-ZIP	LAKE City FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dwayne Greer*      DATE: *2/16/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #