


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 WAYNE GREER, LLC					
Principal Place of Business 4388 SW CR 16 FT WHITE FL 32038 US			Mailing Address 4388 SW CR 16 FT WHITE FL 32038 US		
2. Principal Place of Business 880 SW Sherlock Ter Suite, Apt. #, etc. LAKE CITY Florida			3. Mailing Address 880 SW Sherlock Ter Suite, Apt. #, etc. LAKE CITY FL		
City & State			City & State		
Zip 32024	Country Columbia	Zip 32024	Country Columbia	4. FEI Number 20-1768596	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 Dwayne Greer 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 <u>Dwayne Greer</u> DATE <u>2/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREER, DWAYNE R 4388 SW CR 16 FT WHITE FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Greer, Dwayne R 880 SW Sherlock Ter LAKE CITY FL 32024	<input checked="" 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.					
SIGNATURE: <u>Dwayne Greer</u>			DATE: <u>2/16/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE · CR2E083 (10/04)

Daytime Phone #