

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

07-11-2005 90041 042 ****50.00

DOCUMENT # L04000093442 1. Entity Name GRIEGER SALES, LLC																																																																																																																							
Principal Place of Business 2901 CASSEY KEY ROAD NOKOMIS, FL 34275			Mailing Address 2901 CASSEY KEY ROAD NOKOMIS, FL 34275																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip Country		Zip Country																																																																																																																					
4. FEI Number 20-2373051		Applied For ☐ Not Applicable																																																																																																																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				07052005 Chg-LLC CP2E083 (10/03)																																																																																																																			
6. Name and Address of Current Registered Agent BERTRAND, ROBERT J ONE LAKE MORTON DRIVE LAKELAND, FL 33801																																																																																																																							
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 _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when restate.)																																																																																																																							
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">JOHN E. GRIEGER JR.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">2901 CASEY KEY RD NOKOMIS, FL 34275</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">KAREN A. GRIEGER</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">2901 CASEY KEY RD NOKOMIS, FL 34275</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">JOHN E. GRIEGER III</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">2839 MERIDIAN PKWY LAKELAND, FL 33813</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">BRYAN JAMES GRIEGER</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">3211 MACARTHUR BLVD ORLANDO, FL 32839</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	JOHN E. GRIEGER JR.					CITY-ST-ZIP	2901 CASEY KEY RD NOKOMIS, FL 34275					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	KAREN A. GRIEGER					CITY-ST-ZIP	2901 CASEY KEY RD NOKOMIS, FL 34275					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	JOHN E. GRIEGER III					CITY-ST-ZIP	2839 MERIDIAN PKWY LAKELAND, FL 33813					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	BRYAN JAMES GRIEGER					CITY-ST-ZIP	3211 MACARTHUR BLVD ORLANDO, FL 32839					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 7-7-05 863 667-0447																																																																																																																							