2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# L05000003061

Entity Name: GREG WRIGHT L.L.C.

Current Principal Place of Business:

4438 BROOKSDALE DR.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

4438 BROOKSDALE DR.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-2332871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, GREG
4438 BROOKSDALE DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WRIGHT, GREG	
Address:	4438 BROOKSDALE DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MGRM	( ) Delete
Name:	WRIGHT, KRISTIN	
Address:	4438 BROOKSDALE DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MGRM	( ) Delete
Name:	WRIGHT, KRISTIN M	
Address:	4438 BROOKSDALE DRIVE	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTIN WRIGHT MGRM 05/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date