2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016705

Entity Name: GREYNOLDS MANOR I, LLC

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7770 SW 104 STREET SUITE 209

PINECREST, FL 33156 US

Current Mailing Address: New Mailing Address:

7770 SW 104 STREET SUITE 209

PINECREST, FL 33156 US

FEI Number: 20-3756719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LISA, BANEGAS M
7770 SW 104 STREET
SUITE 209
PINECREST, FL 33156 US

ABEL, VICTORES
7770 SW 104 STREET
SUITE 209
PINECREST, FL 33156 US

ABEL, VICTORES
7770 SW 104 STREET
SUITE 209
PINECREST, FL 33156 US

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: ABEL VICTORES 01/03/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MMBR () Delete

 Name:
 BANEGAS, LISA M

 Address:
 7770 SW 104 STREET, SUITE 209

 City-St-Zip:
 PINECREST, FL 33156 US

Title: MGR (X) Delete Name: BANEGAS, ARI

Address: 7770 SW 104 STREET, SUITE 209
City-St-Zip: PINECREST, FL 33156 US

Title: MMBR (X) Change () Addition

Name: VICTORES, ABEL

ADDITIONS/CHANGES:

Address: 7770 SW 104 STREET, SUITE 209 City-St-Zip: PINECREST, FL 33156 US

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: ABEL VICTORES MMBR 01/03/2008