

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057796

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** GREYSTONE PROPERTIES, LLC

**Current Principal Place of Business:**

222 WEST COMSTOCK AVE.  
SUITE 208  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 WEST COMSTOCK AVE.  
SUITE 208  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 74-3147329 **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:**

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

BOUDET, JOHN A  
450 S. ORANGE AVE.  
650  
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOUDET, JOHN A  
Address: 3260 LAKE SHORE DRIVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: SIEGEL, SCOTT  
Address: 222 WEST COMSTOCK AVE. SUITE 208  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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 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: SCOTT SIEGEL

MR

07/10/2006

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