
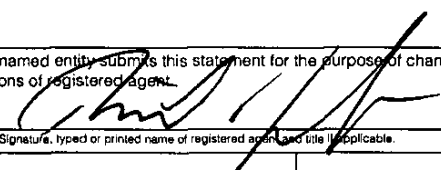



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 007 ****50.00

DOCUMENT # L05000059647			
1. Entity Name GREECOL HOLDINGS LLC			
Principal Place of Business 406 SW 1 STREET FLORIDA CITY, FL 33034		Mailing Address 406 SW 1 STREET FLORIDA CITY, FL 33034	
2. Principal Place of Business 14021 S.W. 143 CT		3. Mailing Address 14021 S.W. 143 CT	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33186 Country		Zip 33186 Country	
4. FEI Number 20-2013486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGER, RICARDO 406 SW 1 STREET FLORIDA CITY, FL 33034		7. Name and Address of New Registered Agent Name DAGER RICARDO Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI FL Zip Code 33186	
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 		DATE 2/10/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME DAGER, RICARDO STREET ADDRESS 406 SW 1 STREET CITY-ST-ZIP FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE MGRM NAME DAGER, RICARDO STREET ADDRESS 14021 SW 143 CT #6 CITY-ST-ZIP MIAMI-FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME DAGER, GABRIEL STREET ADDRESS 406 SW 1 STREET CITY-ST-ZIP FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE MGRM NAME GABRIEL DAGER STREET ADDRESS 14021 SW 143 CT #6 CITY-ST-ZIP MIAMI-FL 33186	<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
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
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
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 exemptions contained in Chapter 119, 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: 		DATE 2/10/06 (305) 858-2858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	