

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000059647</b> 1. Entity Name <b>GRECOL HOLDINGS LLC</b>			
Principal Place of Business <b>406 SW 1 STREET FLORIDA CITY, FL 33034</b>		Mailing Address <b>406 SW 1 STREET FLORIDA CITY, FL 33034</b>	
2. Principal Place of Business <b>14021 S.W. 143 CT</b>		3. Mailing Address <b>14021 S.W. 143 CT</b>	
Suite, Apt. #, etc. <b>#6</b>		Suite, Apt. #, etc. <b>#6</b>	
City & State <b>MIAMI - FLORIDA</b>		City & State <b>MIAMI - FLORIDA</b>	
Zip <b>33186</b> Country		Zip <b>33186</b> Country	
4. FEI Number <b>20-2013486</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAGER, RICARDO 406 SW 1 STREET FLORIDA CITY, FL 33034</b>		7. Name and Address of New Registered Agent Name <b>DAGER RICARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>14021 S.W. 143 CT #6</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33186</b>	
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 <span style="float: right;">2/10/06</span> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGER, RICARDO 406 SW 1 STREET FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dager Ricardo 14021 SW 143 CT # 6 MIAMI-FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGER, GABRIEL 406 SW 1 STREET FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gabriel Dager 14021 SW 143 CT # 6 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:		2/10/06 (205) 858-2858 <small>Date Daytime Phone #</small>	