

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000065459

FILED
Aug 22, 2006
Secretary of State**Entity Name:** GREMESCO OF FLORIDA, LLC**Current Principal Place of Business:**301 YAMATO RD
SUITE 3190
BOCA RATON, FL 33481**New Principal Place of Business:****Current Mailing Address:**C/O CHRISTOPHER LARSON
195 BROOKLAWN AVE.
BRIDGEPORT, CT 066042011**New Mailing Address:****FEI Number:** 06-1751239**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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: LARSON, CHRISTOPHER
Address: 96 SCONSET DRIVE
City-St-Zip: FAIRFIELD, CT 06824**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: LARSON, CHRISTOPHER MGRM
Address: 350 EDWARD STREET
City-St-Zip: FAIRFIELD, CT 068246707**Title:** MGRM () Change (X) Addition
Name: GOETTELMMANN, CHRISTOPHER R MGRM
Address: 616 CLEARWATER PARK ROAD - APT 613
City-St-Zip: WEST PALM BEACH, FL 334016248

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: CHRISTOPHER LARSON

MGRM

08/22/2006

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