2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT #L05000093189						}	02-02-200	6 9016	6 001 ***	**50.00
1. Entity Name GREENWOOD ASSOCIATES LLC							02-02-200	6 9016	6 002 ***	**50.00
				o Address O N. Main Street Ste 5 Sonville, Fl. 32206		 	enin im enn sem er	300	0103	
2. Principal Place of Business .			3. Mailing Address							
Suite, Apr. #, etc.		Suite, Apt. #, etc.			01202006	Chg-LLC	CR2E	083 (11/05)	ı	
City & State		City & State		4 FE Number 5	- 31880	ราา		ppted For of Appticable		
Zip	Zip Country		Zip Count		ntry		of Status Desired		\$5.00 Ad Fee Regutn	ditional
6. Name and Address of Current F			egistered Agent			7. Name and	Address of New I	Cogistered		
					Name					
1830 N. MAIN STREET STE S JACKSONVILLE, FL 32206			Street Address		Street Address (P.O. Box Numbe	er is Not Acceptabl	e)		
						<u>, r</u>				
		15.			City	•		Fl	-,	
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.										
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-		71, 2000					Florida	a Departn	nent of Stat	•
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE SIGNATURE AND TYPED OF

ATTACHMENT 30001036 ATTACHMENT DOCUMENT # £05000093189 1. Entity Name
GREENWOOD ASSOCIATES LLC Principal Place of Business Mailing Address 1830 N. MAIN STREET STE 5 1830 N. MAIN STREET STE 5 JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAN HORN, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1830 N. MAIN STREET STE 5 JACKSONVILLE, FL 32206 City Zip Code 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. SIĞNATÜRE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Change ☐ Addition TITLE TITLE ☐ Deleta VAN HORN, CRAIG NAME 1830 N. MAIN STREET STE 5 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32206 CITY-ST-ZP CITY-ST-ZIP Addition ☐ Delete ☐ Chaone TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Detete ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-28 CITY-ST-ZIP HIRST DE C ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Modition | TITLE Octoba me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Add.tios ☐ Delete nne HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P .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 distall 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.

IS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.20.06





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

GREENWOOD ASSOCIATES LLC 1830 N. MAIN STREET STE 5 JACKSONVILLE, FL 32206

Subject: GREENWOOD ASSOCIATES LLC

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION