


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90073 045 ****55.00

DOCUMENT # L05000109155	
1. Entity Name GRIER PROPERTIES, LLC	

Principal Place of Business 5147 N. NINTH AVENUE MEDICAL MALL, SUITE 318 PENSACOLA, FL 32504	Mailing Address 5147 N. NINTH AVENUE MEDICAL MALL, SUITE 318 PENSACOLA, FL 32504
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20003230

2. Principal Place of Business 5149 N. Ninth Avenue	3. Mailing Address 5149 N. Ninth Avenue
Suite, Apt. #, etc. Suite 254	Suite, Apt. #, etc. Suite 254
City & State Pensacola	City & State Pensacola
Zip 32504	Zip 32504
Country US	Country US



01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3859352	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent WHIBBS, SUZANNE N 105 E. GREGORY SQUARE PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIER, PAMELA M 5147 N. NINTH AVENUE, SUITE 318 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIER, PAMELA M 5149 N. Ninth Avenue, Suite 254 Pensacola, FL 32504 <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
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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: 	1-23/06	850-478-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #