

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112977

FILED  
Apr 16, 2006  
Secretary of State

Entity Name: GREENLAND CARRIAGE SERVICE LLC

**Current Principal Place of Business:**

35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOODWIN, GARY D  
35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 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: MGR ( ) Delete  
Name: GOODWIN, GARY D  
Address: 35817 TRIBAL DANCE PATH  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGR ( ) Delete  
Name: GOODWIN, LORI M  
Address: 35817 TRIBAL DANCE PATH  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY D. GOODWIN                      MGR                      04/16/2006

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