

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120054

Entity Name: THE GREENE FAMILY, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

11514 E. HWY 316
P.O. BOX 188
FORT MCCOY, FL 32134-188 US

New Principal Place of Business:

233 SW 3RD STREET
OCALA, FL 34474 US

Current Mailing Address:

11514 E. HWY 316
P.O. BOX 188
FORT MCCOY, FL 32134-188 US

New Mailing Address:

P O BOX 1956
OCALA, FL 34478 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENE, RAEANNE M
11514 E. HWY 316
P.O. BOX 188
FORT MCCOY, FL 32134-188 US

Name and Address of New Registered Agent:

GREENE, C. R
233 SW 3RD STREET
OCALA, FL 34474 US

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: C. RAY GREENE, III

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENE, RAEANNE M
Address: 11514 E. HWY 316 - P.O. BOX 188
City-St-Zip: FORT MCCOY, FL 32134-188 US

Title: MGRM () Delete
Name: GREENE, KELLY D
Address: 11514 E. HWY 316 - P.O. BOX 188
City-St-Zip: FORT MCCOY, FL 32134-188 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREENE, RAEANNE M
Address: 233 SW 3RD STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGRM (X) Change () Addition
Name: GREENE, KELLY D
Address: 233 SW 3RD STREET
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify 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: RAEANNE GREENE

MGRM

05/01/2007

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