2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Jap 14, 2008, 08:00, AM		
DOCUMENT # L06000064340 1. Entity Name GREC HOLDINGS, LLC				Jan 14, 2008 08:00 AM Secretary of State		
8500 SW 81	Principal Place of Business Mailing Address 8500 SW 8TH STREET SUITE 228 8500 SW 8TH STREET SUITE 2 MIAMI, FL 33144 MIAMI, FL 33144		28			
D	O NOT WRITE		CE	Image: Second system       Image: Second system         01042008 No Chg-LLC       CR2E083 (12/07)         4. FEI Number       Applied For         20-5214015       Not Applicable         5. Certificate of Status Desired       \$5.00 Additional Fee Required		
MACHADO, JOSE L ESQ. 8500 SW 8TH STREET SUITE 228 MIAMI, FL 33144				DO NOT WI		
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						
Signature, typed or printed norms of registered agent and title if applicable. (NOTE: Registered Agent signature required when renataling) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9. THTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR GREC COMMERCIAL VENTURE 8500 SW 8TH STREET SUITE 22 MIAMI, FL 33144	S INC.			33948 3036-005 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				01716708-80	JU36-JUS 133.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME Street address City-st-zip				IN THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , ,				<u> </u>	
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.						
SIGNAT		BIGNING MANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE		305-262-6533 Daysime Phone #	

SKSNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #