

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90042 032 ****50.00

DOCUMENT # L06000070414 1. Entity Name GREYHAWK MANAGEMENT, LLC					
Principal Place of Business 1265 HORSE & CHAISE BLVD. VENICE, FL 34285			Mailing Address 1265 HORSE & CHAISE BLVD. VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 02212007 Chg-LLC CR2E083 (12/06) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-8814966 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WEBB, RICHARD S IV, ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, #600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Richard D Rodgers Street Address (P.O. Box Number is Not Acceptable) 1265 Horse & Chaise Blvd City Venice FL Zip Code 34285		
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 _____ DATE 3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, RICHARD D 1265 HORSE & CHAISE BLVD. VENICE, FL 34285	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/13/07 <small>Date</small>		941-493-6636 <small>Daytime Phone #</small>	