

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077646

Entity Name: GREATER INDEPENDENCE, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 75-3222252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARWICK, JANET
20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

WARWICK, JANET R
20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159 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: JANET R WARWICK

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARWICK, JANET
Address: 20 LA GRANDE BOULEVARD
City-St-Zip: THE VILLAGES, FL 32159

Title: MGR () Delete
Name: WARWICK, BRIAN
Address: 20 LA GRANDE BOULEVARD
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARWICK, JANET R
Address: 20 LA GRANDE BOULEVARD
City-St-Zip: THE VILLAGES, FL 32159

Title: MGR (X) Change () Addition
Name: WARWICK, BRIAN W
Address: 20 LA GRANDE BOULEVARD
City-St-Zip: THE VILLAGES, FL 32159

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: BRIAN W. WARWICK

MGR

01/19/2007

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