2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000077712

Entity Name: GREENALL'S BEST LLC

Current Principal Place of Business:

37 OKAHATCHEE CIRCLE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

37 OKAHATCHEE CIRCLE S.E.
FORT WALTON BEACH, FL 32548

Current Mailing Address:

37 OKAHATCHEE CIRCLE
FORT WALTON BEACH, FL 32548

New Mailing Address:

37 OKAHATCHEE CIRCLE S.E.
FORT WALTON BEACH, FL 32548

FEI Number: 20-5328188 **FEI Number Applied For ( )** **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:

GREENALL, MICHAEL
37 OKAHATCHEE CIRCLE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

GREENALL, MICHAEL J OWNER
37 OKAHATCHEE CIRCLE S.E.
FORT WALTON BEACH, FL 32548 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: MICHAEL J. GREENALL 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREENALL, MICHAEL J
Address: 37 OKAHATCHEE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREENALL, MICHAEL J
Address: 37 OKAHATCHEE CIRCLE S.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

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: MICHAEL J. GREENALL OWNE 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date