

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095828

Entity Name: GREGORY BUILDERS LLC

FILED  
Feb 28, 2007  
Secretary of State

**Current Principal Place of Business:**

2470 EASTMAN LN  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

2470 EASTMAN LN  
CANTONMENT, FL 32533 US

**New Mailing Address:**

FEI Number: 20-5681695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GREGORY, DYLAN  
2470 EASTMAN LN  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREGORY, DYLAN  
Address: 2470 EASTMAN LN  
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGRM ( ) Delete  
Name: GREGORY, JERRY  
Address: 65 LARKSPUR RD  
City-St-Zip: ARAB, AL 35016 US

Title: MGRM ( ) Delete  
Name: POTTER, PATRICK  
Address: 2101 SENIC HWY APT 106 K  
City-St-Zip: PENSACOLA, FL 32505 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DYLAN GREGORY

MGR

02/28/2007

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