

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101154

**FILED**  
**Jul 09, 2007**  
**Secretary of State**

**Entity Name:** GREENVILLE MADISON MULTI PURPOSE CENTER, LLC

**Current Principal Place of Business:**

1376 SW GRAND STREET  
GREENVILLE, FL 32331 US

**New Principal Place of Business:**

**Current Mailing Address:**

971 STEEN ROAD  
MONTICELLO, FL 32344 US

**New Mailing Address:**

**FEI Number:** 20-5732451      **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:**

NORTON, ESSIE M  
971 STEEN ROAD  
MONTICELLO, FL 32344 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: MGR      ( ) Delete  
Name: NORTON, ESSIE M  
Address: 971 STEEN ROAD  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR      ( ) Delete  
Name: NORTON, OTIS  
Address: 971 STEEN ROAD  
City-St-Zip: MONTICELLO, FL 32344 US

**ADDITIONS/CHANGES:**

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 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: ESSIE M. NORTON

MGR

07/09/2007

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