

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114375

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** GREYCLIFF LAKE GLENVILLE HOLDINGS, LLC

**Current Principal Place of Business:**

1030 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 608066  
ORLANDO, FL 32860

**New Mailing Address:**

**FEI Number:** 20-5957706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 322025017 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: LONG, DOUGLAS F  
Address: 1211 TECHNOLOGY DR  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM ( ) Delete  
Name: VRATANINA, JEFFREY  
Address: 1211 TECHNOLOGY DR  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LONG, DOUGLAS F  
Address: 1030 NORTH ORANGE AVENUE, SUITE 200  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change ( ) Addition  
Name: VRATANINA, JEFFREY  
Address: 1030 NORTH ORANGE AVENUE, SUITE 200  
City-St-Zip: ORLANDO, FL 32801

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: DOUGLAS F. LONG

MGRM

03/13/2009

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