

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 037 ****50.00

DOCUMENT # L06000119645

1. Entity Name
GREENHAVEN INVESTMENT GROUP, LLC



Principal Place of Business
**429 HARBORVIEW ROAD
SANTA ROSA, FL 32550**

Mailing Address
**429 HARBORVIEW ROAD
SANTA ROSA, FL 32550**

40097614



2. Principal Place of Business - No P.O. Box #
492 Harborview Rd.
Suite, Apt. #, etc.

3. Mailing Address
492 Harborview Rd.
Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State
Santa Rosa Beach, FL
Zip
32550
Country
USA

City & State
Santa Rosa Beach, FL
Zip
32550
Country
USA

4. FEI Number
20-8050461
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHARMES, JAMES
429 HARBORVIEW ROAD
SANTA ROSA, FL 32550**

7. Name and Address of New Registered Agent

Name
Pharmes, James
Street Address (P.O. Box Number is Not Acceptable)
492 Harborview Rd.
City
Santa Rosa Beach, FL Zip Code
FL 32550

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEXTON, MICHAEL W
429 HARBORVIEW ROAD
SANTA ROSA, FL 32550** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**mGRM
Sexton, Michael W.
492 Harborview Road
Santa Rosa Beach, FL 32550** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07

914-552
7970

Date

Daytime Phone #