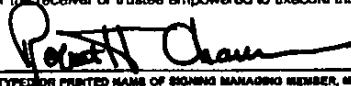


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90267 018 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000124744			
1. Entity Name GREENDALE INVESTMENT PROPERTIES, LLC			
Principal Place of Business C/O ROBERT H. CHARRON 422 EAST 72ND STREET APT. 19E NEW YORK, NY 10021		Mailing Address C/O ROBERT H. CHARRON 422 EAST 72ND STREET APT. 19E NEW YORK, NY 10021	
2. Principal Place of Business - No P.O. Box # c/o Robert H. Charron		3. Mailing Address c/o Robert H. Charron	
Suite, Apt. #, etc. 3333 S. Orange Ave. #200		Suite, Apt. #, etc. PO Box 568821	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806-8500	Country U.S.A.	Zip 32856-8821	Country U.S.A.
4. FEI Number 26-1586651		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, DARYL M 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806-8500		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARRON, ROBERT H 422 EAST 72ND STREET, APT. 19E NEW YORK, NY 10021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charron, Robert H. 3333 S. Orange Avenue, Suite 200 Orlando, FL 32806-8500 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		3/31/08 (407) 422 3144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	