


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90081 042 \*\*\*\*50.00

DOCUMENT # L95000000685  
 1. Entity Name  
 GREITHER HOLDINGS, LC



Principal Place of Business  
 14193 S.W. 119TH AVE.  
 MIAMI, FL 33186

Mailing Address  
 14193 S.W. 119TH AVE.  
 MIAMI, FL 33186

20004838



2. Principal Place of Business  
 14231 SW 119th AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 14231 SW 119th AVE  
 Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip 33186 Country USA

Zip 33186 Country USA

4. FEI Number  
 65-0608705

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GREITHER, PETER  
 14205 S.W. 119TH AVENUE  
 MIAMI, FL 33186

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREITHER, PETER 14205 SOUTH WEST 119TH AVENUE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREITHER, ELISABETH 14205 SOUTH WEST 119TH AVENUE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GABRIELE HEINOLD-FISCHER *G. Heindol Fischer* 01-30-06 <sup>786-293-</sup> <sub>3178</sub>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #