


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company GREYEALE INVESTMENTS LLC		DOCUMENT # L98000003047	
2. Principal Place of Business 11392 SW 86 LANE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33173 Country U.S.A.		2a. Mailing Address P.O. Box 431433 Suite, Apt. #, etc. City & State MIAMI, FL 33243-1433 Zip 33243-1433 Country U.S.A.	
3. Date Organized or Qualified 12/07/1998		3a. State of Formation FLORIDA	
4. FEI Number 06-5080278		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report NA		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 VS		8. Name and Address of New Registered Agent/Office Name SAMUEL STEEN Street Address (P.O. Box Number is Not Acceptable) 11392 SW 86 LANE Suite, Apt. #, etc. City MIAMI FL Zip Code 33173	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>S. Steen</u> DATE <u>06/04/99</u> (Registered Agent Accepts Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title MGR	Managing Members/Managers SAMUEL STEEN	Business Street Address 11392 SW 86 LANE	City, State and Zip Code MIAMI, FL 33173
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>S. Steen</u> SAMUEL STEEN 06/04/99 3051067-2968 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day/Month/Year			