


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 009 ****55.00

DOCUMENT # L99000002197 1. Entity Name GREENMAN FAMILY INVESTMENT, LLC	
---	---

Principal Place of Business 16915 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445	Mailing Address 16915 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445
---	---

DO NOT WRITE IN THIS SPACE



08102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0917759	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREENAN, PHYLLIS 16915 RIVER BIRCH CIR DELRAY BEACH, FL 33445	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENMAN, PHYLLIS 16915 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, JUDITH 43 DIANA'S TRAIL ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENMAN, LESTER <i>CORRECTED ADDRESS</i> 200 E 21ST ST <i>210 RIVERSIDE DRIVE</i> NEW YORK, NY 10020 <i>10025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENMAN, STANLEY 339 MILL RUN ROAD BROOKSVILLE, NY 11771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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: *Phyllis Greenman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/12/05
Date

516-621-3752
Daytime Phone #