


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000003283</b> 1. Entity Name <b>GREENBRIAR VILLAGE INVESTMENTS, L.L.C.</b>	
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Principal Place of Business <b>2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069</b>	Mailing Address <b>2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069</b>
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3581255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, STE 500 EAST WEST PALM BEACH, FL 33401</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>000000042427 02/10/04-80023-022 50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALNAJJAR, NADER 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALEFF, LAWRENCE N 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, SUSAN I 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DHANANI, MEENAZ 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAL, SANJAY 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHETTY, DAYANAND 2201 NW 30TH PLACE, STE. A POMPANO BEACH, FL 33069

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1/26/04</b> <small>Date</small>	<b>407-239-9142</b> <small>Daytime Phone #</small>
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