

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90280 023 \*\*\*\*50.00

**DOCUMENT # L99000003283**

1. Entity Name  
**GREENBRIAR VILLAGE INVESTMENTS, L.L.C.**



Principal Place of Business  
**2201 NW 30TH PLACE, STE. A  
POMPANO BEACH, FL 33069**

Mailing Address  
**2201 NW 30TH PLACE, STE. A  
POMPANO BEACH, FL 33069**



02082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3581255**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, STE 500 EAST  
WEST PALM BEACH, FL 33401**

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ALNAJJAR, NADER  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MGR  
NAME CHALEFF, LAWRENCE N  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MGR  
NAME CLARK, SUSAN I  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MGR  
NAME DHANANI, MEENAZ  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MGR  
NAME LAL, SANJAY  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MGR  
NAME SHETTY, DAYANAND  
STREET ADDRESS 2201 NW 30TH PLACE, STE. A  
CITY-ST-ZIP POMPANO BEACH, FL 33069

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/05 1-407-239-9142

Date

Daytime Phone #

Meenaz Dhanani - Manager