

**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**

**DO NOT WRITE IN THIS SPACE**



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3581255</b>	Applied For 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

**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 \_\_\_\_\_

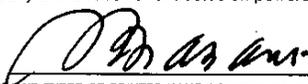
**Filing Fee is \$50.00  
 Due by May 1, 2005**

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)(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:  **3/3/05 1-407-239-9142**

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

Meenaz Dhanani - Manager