

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90083 001 \*\*\*\*50.00

DOCUMENT # L99000007690

1. Entity Name

GREENWOOD MANAGEMENT COMPANY, LLC



Principal Place of Business

3415 WEST CYPRESS STREET  
TAMPA FL 33607

Mailing Address

3415 WEST CYPRESS STREET  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

110 CRENshaw LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LUTZ FL

City & State

City & State

Zip

Country

Zip

Country

33548

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANNESS, KENNETH J  
3415 WEST CYPRESS STREET  
TAMPA FL 33607

Name

VANNESS, Kenneth J.

Street Address (P.O. Box Number is Not Acceptable)

110 CRENshaw LAKE RD

City

LUTZ

FL

Zip Code

33548

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

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

(NOTE: Registered Agent signature required when reinstating)

7/25/05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VANNESS, KENNETH J  
3415 WEST CYPRESS STREET  
TAMPA FL 33607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
110 CRENshaw LAKE RD  
LUTZ FL 33548

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/25/05 813 353-9999 x222

Date

Daytime Phone #