2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000000636

1. Entity Name
ELMO GREER & SONS, LLC

Principal Place of Business	Mailing Address
3138 US 25 N	3138 US 25 N
EAST BEANSTADT, KY 40729	EAST BEANSTADT, KY 40729

DO NOT WRITE IN THIS SPACE

03182006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
61-0874665	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)   DATE

Filing Fee is $50.00
Due by May 1, 2006

U000000515794
04/29/06-80224-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GREER, REX
STREET ADDRESS	P.O. BOX 730
CITY-ST-ZIP	LONDON, KY 407430730
TITLE	MGR
NAME	GREER, JERRY
STREET ADDRESS	P.O. BOX 730
CITY-ST-ZIP	LONDON, KY 407430730
TITLE	MGR
NAME	GREER, ELMO LEE
STREET ADDRESS	P.O. BOX 730
CITY-ST-ZIP	LONDON, KY 407430730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _REX GREER_   4-13-06   843-6134

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