

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM**

**Secretary of State**

**DOCUMENT # M04000004910**

1. Entity Name

GREYHAWK MARINE GROUP, LLC



Principal Place of Business

4835 LBJ FREEWAY, STE. 210  
DALLAS, TX 75244

Mailing Address

4835 LBJ FREEWAY, STE. 210  
DALLAS, TX 75244



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

16-1704935

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CORSON, MICHELLE  
STREET ADDRESS 4835 LBJ FREEWAY, STE. 210  
CITY-ST-ZIP DALLAS, TX 75244

TITLE MGRM  
NAME SHERMAN, HARRY C III  
STREET ADDRESS 4835 LBJ FREEWAY, STE. 210  
CITY-ST-ZIP DALLAS, TX 75244

TITLE MGRM  
NAME KENNEY, GREGG  
STREET ADDRESS 4835 LBJ FREEWAY, STE. 210  
CITY-ST-ZIP DALLAS, TX 75244

TITLE MGRM  
NAME FREY, DON  
STREET ADDRESS 4835 LBJ FREEWAY, STE. 210  
CITY-ST-ZIP DALLAS, TX 75244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UP00000225735  
02/11/05-80049-025 50.00

**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)(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.

**SIGNATURE:**

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

Date

Daytime Phone #