
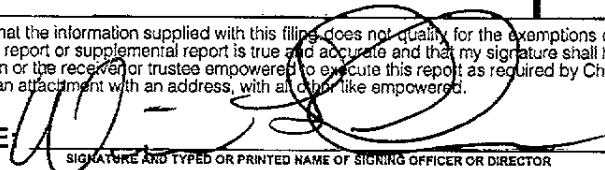


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000011452 1. Entity Name GREYSTONE APARTMENTS, INC.		
Principal Place of Business 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116	Mailing Address 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CIKLIN, ALAN J 515 FLAGLER DRIVE 18TH FLOOR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SHARPE, WILLIAM L 3033 NW 63 - SUITE 155 OKLAHOMA CITY, OK 73116	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NAIFEH, FRANK E 3033 NW 63 - SUITE 160 OKLAHOMA CITY, OK 73116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered. SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William L. Sharpe		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1559900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000559191
05/17/06-80126-020 150.00

**DO NOT WRITE
IN THIS SPACE**

5/1/06
Date

405-
848-5631
Daytime Phone #