


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # A22220	
1. Entity Name GREENLEAF GARDENS, LTD.	

Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756
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01152008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2907502	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____

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 02/29/08 0004 014 508.75


FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000102373 GREENLEAF ONE, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 337563302
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Kevin T Flynn** **2/15/08** **727-449-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **AS Vice-President of** Date Daytime Phone #

Corporate General Partner

STAPLE CHECK HERE