

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005490

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** GREENACRES LAWN & TRAILER, LLC

**Current Principal Place of Business:**

9005 SOUTHERN BLVD  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

9005 SOUTHERN BLVD  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 72-3027159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CFRA, LLC  
777 S. HARBOUR ISLAND BLVD.  
TAMPA, FL 336013239 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FRABITORE, STEPHEN  
Address: 8210 FALLS LANE  
City-St-Zip: PARKLAND, FL 33067

Title: MGRM ( ) Delete  
Name: FRABITORE, JENNIFER  
Address: 8210 FALLS LANE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRABITORE, STEPHEN  
Address: 10741 VERSAILLES BLVD  
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM (X) Change ( ) Addition  
Name: FRABITORE, JENNIFER  
Address: 10741 VERSAILLES BLVD  
City-St-Zip: WELLINGTON, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** STEPHEN D. FRABITORE

MGR

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date