## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000009468

2487 20TH AVE

BALDWIN, WI 54002

Address:

City-St-Zip:

Entity Name: LEAF AND HAND LAND, LLC

FILED Mar 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3538 EMERALD AVE. ST. JAMES CITY, FL 33956 **Current Mailing Address: New Mailing Address:** 3538 EMERALD AVE. ST. JAMES CITY, FL 33956 FEI Number: 65-1121584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEAF, JENNIFER 3583 ÉMERALD AVE ST JAMES CITY, FL 33956 US 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: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete LEAF, JENNIFÉR J Name: Name: 3538 EMERALD AVE. Address: Address: City-St-Zip: ST. JAMES CITY, FL 33956 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition LEAF, JEFREY A Name: LEAF, JEFFREY A Name: Address: 2487 20TH AVE. Address: 2487 20TH AVE. City-St-Zip: BALDWIN, WI 54002 City-St-Zip: BALDWIN, WI 54002 Title: MGRM () Delete Title: () Change () Addition HAND, LINDA S Name: Name: 175 UPPER MUIRFIELD CT. Address: Address: City-St-Zip: ST. CHARLES, MO 63304 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: HAND, DENNIS M Name: Address: 3583 EMERALD AVE Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEAF, JANE K Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JENNIFER LEAF MGRM 03/22/2004