

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # L01000017312

**GREENFIELD ENTERPRISES, LLC**



P.O. BOX 13359  
FT PIERCE FL 34979

Country

<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>MGRM</div> <div>GREENFIELD, NANCY P</div> <div>5801 SW 128TH STREET</div> <div>MIAMI FL 33156</div>		<div><input type="checkbox"/> Delete</div>			
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>

**SIGNATURE:**

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

Date \_\_\_\_\_

Daytime Phone #

CR2E083 (10/02)