




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90160 013 \*\*\*\*50.00

<b>DOCUMENT # L02000021127</b> 1. Entity Name <b>GREENBLOCK OF CENTRAL FLORIDA, LLC</b>					
Principal Place of Business <b>1130 MILL ROAD CIRCLE APOPKA, FL 32703</b>			Mailing Address <b>1130 MILL ROAD CIRCLE APOPKA, FL 32703</b>		
2. Principal Place of Business <b>1130 MILL RUN CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1130 MILL RUN CIRCLE</b> Suite, Apt. #, etc.			
City & State		City & State		02032004    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>04-3709572</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SANTANA, RAFAEL 1130 MILL ROAD CIRCLE APOPKA, FL 32703</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1130 MILL RUN CIRCLE</b> City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTANA, RAFAEL 1130 MILL RUN CIRCLE APOPKA, FL 32703</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date                      Daytime Phone #</small>		