

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005531

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: GREEN VALLEY, LLC

**Current Principal Place of Business:**

6249 CEDAR TREE LANE  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

6249 CEDAR TREE LANE  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

NICI, JAMES R ESQ.  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 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: VALVERDE, BARBARA J TRUSTEE  
Address: 6249 CEDAR TREE LANE  
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete  
Name: VALVERDE, ANGEL F TRUSTEE  
Address: 6249 CEDAR TREE LANE  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA VALVERDE, TRUSTEE                      MGRM                      01/22/2004

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