

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021815

FILED
May 31, 2006
Secretary of State

Entity Name: GREENLEAF PARTNERS, LLC

Current Principal Place of Business:

12731 MEADOW PINE LANE
FORT MYERS, FL 33913

New Principal Place of Business:

P.O. BOX 62038
FORT MYERS, FL 33906

Current Mailing Address:

P.O. BOX 62038
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 90-0088913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ASSAM, BRUCE L
12731 MEADOW PINE LANE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

ASSAM, BRUCE L
P.O. BOX 62038
FORT MYERS, FL 33906 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: _____

05/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASSAM, BRUCE
Address: 12731 MEADOW PINE LANE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM (X) Delete
Name: ASSAM, DESMOND
Address: 1930 LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Delete
Name: ASSAM, JINELLE L
Address: 10061 OAK CREST ROAD
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASSAM, BRUCE
Address: P.O. BOX 62038
City-St-Zip: FORT MYERS, FL 33906

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 Chapter 119, 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: BRUCE L ASSAM

MGRM

05/31/2006

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