

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000022846

FILED
Jul 06, 2005
Secretary of State

Entity Name: GREENLEAF INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

17000 SW 109 AVE.
MIAMI, FL 33157

New Principal Place of Business:

13490 SW 194TH ST.
MIAMI, FL 33177 US

Current Mailing Address:

17000 SW 109 AVE.
MIAMI, FL 33157

New Mailing Address:

13490 SW 194TH ST.
MIAMI, FL 33177 US

FEI Number: 43-2021328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BRADLEY, GLYN SR.
17000 SW 109 AVE.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

BRADLEY, GLYN SR.
13490 SW 194TH ST.
MIAMI, FL 33177 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: GLYN BRADLEY, SR.

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: BRADLEY, GLYN SR
Address: 13490 SW 194TH ST
City-St-Zip: MIAMI, FL 33177 US

Title: T () Change (X) Addition
Name: BRADLEY, EVELENA J
Address: 13490 SW 194TH ST.
City-St-Zip: MIAMI, FL 33177 US

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: GLYN BRADLEY, SR.

P

07/06/2005

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