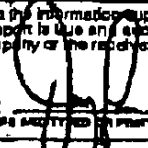


2004 & 2005
2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
5/5/2004 98007-033 \$50.00 \$50.00
9/13/2004 90133-000 \$50.00 \$50.00
STATE
NOTATIONS

05 JAN 31 AM 10:08

DOCUMENT # L03000024978			
1. Entity Name GREENHEAD HUNTING PRESERVE LLC			
Principal Place of Business 212 S. MAGNOLIA AVE. TAMPA, FL 33606		Mailing Address 212 S. MAGNOLIA AVE. TAMPA, FL 33606	
3. Principal Place of Business 1575 Moore Road		4. Mailing Address 1575 Moore Road	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State Zolfo Springs, FL		City & State Zolfo Springs, FL	
Zip 33890	Country USA	Zip 33890	Country USA
6. FEI Number 57-1179260		Applied For ☐ Not Applicable	
8. Certificate of Status Desired ☐		85.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TATE, MARK T 212 S. MAGNOLIA AVE TAMPA, FL 33606		7. Name and Address of Next Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 _____ Sign name, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 8, 2004		Fees shall payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(D), 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 605, Florida Statutes.		REINSTATEMENT 2004/2005 w/o penalty	
SIGNATURE: 		09/08/04 83-781-1821	
SIGNATURE MUST BE PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			