


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041150	
1. Entity Name LEAVES, LLC	

Principal Place of Business	Mailing Address
1824 S.W. GREGOR WAY STUART, FL 34997	1824 S.W. GREGOR WAY STUART, FL 34997



01172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0376838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRATZ, D. BRUCE ESQ JECK HARRIS & JONES, LLP 1061 E INDIANTOWN RD, STE 400 JUPITER, FL 33477

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, CORINNE 1824 SW GREGOR WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, COLETTE 2418 HOPE LANE EAST PALM BEACH GARDENS, FL 33410
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Corinne Murphy 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #