

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90056 019 \*\*\*\*50.00

<b>DOCUMENT # L03000041802</b>					
<b>1. Entity Name</b> NEW GREEN MEADOW, LLC					
<b>Principal Place of Business</b> 4530 HUNTING TRAIL LAKE WORTH, FL 33467			<b>Mailing Address</b> 4530 HUNTING TRAIL LAKE WORTH, FL 33467		
<b>2. Principal Place of Business</b> 5959 Meadowbrook Dr Suite, Apt. #, etc. Suit 106 (office)		<b>3. Mailing Address</b> 5959 Meadowbrook Drive Suite, Apt. #, etc. Suit 106 (office)			
City & State Fort Worth, Texas		City & State Fort Worth, Texas		<b>4. FEI Number</b> 20-0349690	
Zip 76112		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LOFGREN, MAGNUS 4530 HUNTING TRAIL LAKE WORTH, FL 33467			<b>7. Name and Address of New Registered Agent</b> Name Edward Shearer Schgerer Street Address (P.O. Box Number is Not Acceptable) 209 Palm Way City Lake Worth FL Zip Code 33460		
<b>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.</b> SIGNATURE <u>Edward Shearer Schgerer</u> <u>7-05-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State.</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Magnus Lofgren 5959 Meadowbrook Dr Fort Worth, TX 76112	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <u>Magnus Lofgren</u>				7-05-2004 ph 817-457-2553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	