


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000042411</b> 1. Entity Name GREEN LEAF LANDSCAPE, GARDENING & NURSERY, L.L.C.	
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Principal Place of Business 5820 1ST STREET, S.W. VERO BEACH, FL 32968	Mailing Address 5820 1ST STREET, S.W. VERO BEACH, FL 32968
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02102005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0322525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent  HENDERSON, STEVE L ESQ. 817 BEACHLAND BLVD. VERO BEACH, FL 32963
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEEK, DOUGLAS L. 5820 1ST STREET, S.W. VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEEK, MELANIE 5820 1ST STREET, S.W. VERO BEACH, FL 32968
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<p>1000000285501 04/02/05-80046-023 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**     
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #