


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035610	
1. Entity Name GREENSCAPES, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 14 AM 11:12

Principal Place of Business 2926 VIKING WAY TALLAHASSEE, FL 32308	Mailing Address 2926 VIKING WAY TALLAHASSEE, FL 32308
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2. Principal Place of Business Home	3. Mailing Address 1838 Log Ridge Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03142006 Chg-LLC CR2E083 (11/05)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32312	Zip 32312
Country Leon	Country Leon

4. FEI Number 59-5300833	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, JASON 2926 VIKING WAY TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1838 Log Ridge Trail City Tallahassee FL Zip Code 32312
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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 Jason C White (NOTE: Registered Agent signature required when reinstating) DATE 3/14/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, JASON 2926 VIKING WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jason White 1838 Log Ridge Trail Tallahassee FL 32312 <input checked="" 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	200068870852 03/29/06--01008--009 **50.00 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jason C White DATE 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE