

05-02-2005 90085 023 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30008751



DOCUMENT # L04000036454			
1. Entity Name GREENVIEW RIDGE, L.L.C.			
Principal Place of Business 1050 SNIVELY AVENUE WINTER HAVEN, FL 33880		Mailing Address 1050 SNIVELY AVENUE WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address PO Box 1819	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Haven, FL	
Zip		Zip 33882	
Country		Country US	
4. FEL Number 38-3702234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASEY, ALLAN L ESQ. 395 AVENUE C., N.W. WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State: 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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gilbert Bowen <input type="checkbox"/> Delete Managing Member 590 Firetower Ad Haines City, FL 33844	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Delete Matthew Green 55 Pine Forest Dr Haines City, FL 33844	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Delete Gary W Green 3559 Pine Forest Dr Haines City, FL 33844	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Delete Scott Green 43 Hwy 07 Dundee, FL 33838	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Delete Regina A Tucker 904 15th St NE Winter Haven, FL 33881	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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.			
SIGNATURE: Gilbert Bowen		My Member	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/27/05 863-898-8270	