

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035823

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** GREEN LEAF DEVELOPMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

15201 MEDICI WAY  
NAPLES, FL 34110

**New Principal Place of Business:**

16205 S. TAMiami TRAIL  
SUITE #3  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

15201 MEDICI WAY  
NAPLES, FL 34110

**New Mailing Address:**

16205 S. TAMiami TRAIL  
SUITE #3  
FORT MYERS, FL 33908 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREECE, R.W.  
15201 MEDICI WAY  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

BRESSLER, RALPH  
24932 FAIRWINDS LANE  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: RALPH N. BRESSLER

03/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BREECE, R.W.  
Address: 15201 MEDICI WAY  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRIDGES, GLENN  
Address: 16205 S TAMiami TRAIL  
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN BRIDGES

MGR

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date