2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004
Secretary of State

DOCUMENT# L98000001719

Entity Name: GREENLEAF VENTURES, L.L.C.

Current Principal Place of Business:

2255 GLADES ROAD, SUITE 324-A
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2255 GLADES ROAD, SUITE 324-A
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0865827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, DAVID A
2255 GLADES ROAD, SUITE 324-A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: STOCKSDALE, TIMOTHY L
Address: 1440 BRICKELL BAY DRIVE, STE 403
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete
Name: WALLACE, DAVID A
Address: 3015 S. OCEAN BLVD., SUITE 2D
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGR ( ) Delete
Name: TAYLOR, MICHAEL
Address: 589 MAIN STREET
City-St-Zip: MEDFIELD, MA 02052

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY STOCKSDALE MGR 09/14/2004

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