

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000001455

1. Entity Name
GREENFUELS DE VENEZUELA, LLC



Principal Place of Business
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

Mailing Address
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

FILED

2004 SEP -9 A 10: 55

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

07092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
81-0568837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINTON, T. BARR
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BEAN, RAYMON
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AVERETT, JOHN
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCCLURE, MIKE
2875 SOUTH OCEAN BLVD., STE. 200
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/29/04--01058--005 **400.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-7-04 205-798-7166