

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001822

FILED
Apr 27, 2005
Secretary of State

Entity Name: GREENETREE ENTERPRISES LLC

Current Principal Place of Business:

4713 N HESPERIDES STREET
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

1330 DONNA MARIE DRIVE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3523815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENE, ROBERT T
1330 DONNA MARIE DRIVE
WEST MELBOURNE, FL 32904 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: GREENE, ROBERT T CFO
Address: 1330 DONNA MARIE DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM () Delete
Name: GREENE, MARK T PRES
Address: 3862 4TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGRM () Delete
Name: GREENE, MISTI J SEC
Address: 825 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: GREENE, MISTI J SEC
Address: 601 FATHOM COURT
City-St-Zip: TAMPA, FL 33602

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: ROBERT T. GREENE

CFO

04/27/2005

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