

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000004082

1. Entity Name  
GREEN DIAMOND HOLDINGS, L.L.C.



Principal Place of Business  
4775 COLLINS AVENUE, APT. 2507  
MIAMI BEACH, FL 33140

Mailing Address  
1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRP
NAME	FALCON DE GIOVANAZZO, NILDA
STREET ADDRESS	4775 COLLINS AVENUE, APT. 2507
CITY-ST-ZIP	MIAMI, FL 33140

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03/31/05-80055-004 50.00

**DO NOT WRITE  
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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:** Nilda Falcon de Giovinozzo, Manager

03/25/05 (305) 445-5351

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

Date

Daytime Phone #