LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031921

1. Entity Name

GREEN PATH HOLDINGS, L.L.C.

the obligations of registered agent.

SIGNATURE



FILED Jun 03, 2003 8:00 am Secretary of State

06-03-2003 90020 003 ****50.00

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BDO SEIDMAN,	-	3. Mailing Address 100 S.E. 2	ND STREET#2200						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
SUITE 2200		C/O ISABEL	GOLDBERG						
City & State		City & State		4. FEI Number	Applied For				
MIAMI, FL	<u> </u>	_ MIAMI, FL		938-71-1767 Not Ap					
Zip Country		Zip	Country	5. Certificate of Status Desired		\$5.00 Additional			
33 <u>1</u> 31	U.S.A.	33131	U.S.A	3. Certificate of Status Desired	J	Fee Required			

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

DO NOT WRITE IN THIS SPACE

	I cur vediateren water
Name	
ATRIUM REGISTERED AGENT	S. INC
Street Address (P.O. Box Number is Not Accept 1500 SAN REMO AVE	
SUITE 125	
CORAL GABLES	FL Zip Code 33146

FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE TITLE MANAGING MEMBER NAME * MR. DAVID TURNER NAME STREET ADDRESS STREET ADDRESS 100 S.E. 2ND ST. C/O BDO SEIDMAN, LL CITY-ST-ZIP CITY-ST-ZIP 33131 TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZiP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED F

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Daytime Phone #