


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

02-02-2004 90210 040 ****50.00

DOCUMENT # L03000006363	
1. Entity Name GREEN PALM, LLC	

Principal Place of Business C/O KAREN LEOPOLD, 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US	Mailing Address C/O KAREN LEOPOLD, 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US
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2. Principal Place of Business GREEN PALM, LLC.	3. Mailing Address GREEN PALM, LLC.
Suite, Apt. #, etc. 3899 N.W. 7 St #203	Suite, Apt. #, etc. 3899 N.W. 7 St #203

City & State MIAMI FL	City & State MIAMI FL.
Zip 33123	Zip 33123
Country USA	Country U.S.A.

04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number E51-0457432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
501
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGER MAX LEDERMAN 21055 YACHT CLUB DRIVE #3203 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGER JOSE CORKIDI 19539 N.E. 17 AV. MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGER JACQUES AGHION 19333 COLLINS AV #708 SUNNY ISLES FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jose Corkidi Manager Date: 4/27/04 Daytime Phone #: 3059356728