## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT											
DOCUI  1. Entity Nam  GREEN T	ne	#L0400003	30159		O7	JAN 18 PM RETARY OF HASSEE. FI	ED 1:15				
Principal Place of Business 81100 OLD HIGHWAY ROAD ISLAMORADA, FL 33036				Mailing Address 81100 OLD HIGHWAY ROAD ISLAMORADA, FL 33036			HASSEF. FL	STATE ORIOA		<b>  P</b>	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (	12/06)		
City & State			City & State	City & State			er 0962			oplied For ot Applicable	
Zip		Country	Zip	Cour		5. Certificate	of Status Desired		00 Add Require		
	6. Name	and Address of Curre	ent Registered Agent	7. Name and Address of New Registered Agent Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
					City			ГЬ	Zip Cod		
	named entit		t for the purpose of changing its	s register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am tami	liar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applicable. (NOT	E: Registere	ed Agent signature required	(when reigstaling)		DATE			
	iling Fee ue by Ma						e check paya a Department		Ð		
9.		MANAGING MEM	I IBERS/MANAGERS	10.		<u>,</u>	ADDITIONS /	CHANGES		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DAWN GARA STREET ), NY 14213	☐ Delete	E AE EET ADDRESS (~ST-ZIP			. 🗆	Change	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP		A, JOE GRA STREET ), NY 14213	<b>≫</b> Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BR' GRA STREET D, NY 14213	<b>⊠</b> Delete	E KE EET ADDRESS '-ST-ZIP	<b>1</b> ( 01/29	000862 00701041	23331	Change . <b>1</b> *50.(	Addition Old		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delele		<u> </u>				Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	_				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date  Dayling Phone #											