


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 007 ****50.00

DOCUMENT # L04000049791

1. Entity Name
 FAIRGREEN PROPERTY, LLC



Principal Place of Business
 811 MALAGA AVE
 CORAL GABLES, FL 33134

Mailing Address
 811 MALAGA AVE
 CORAL GABLES, FL 33134

2. Principal Place of Business
 3034 ALLAMANDA ST
 Suite, Apt. #, etc.

3. Mailing Address
 3034 ALLAMANDA ST
 Suite, Apt. #, etc.

City & State
 COCONUT GROVE, FL

City & State
 COCONUT GROVE, FL

Zip
 33133

Country
 USA

Zip
 33133

Country
 USA



03202006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

WAGNER, ROBERT
 811 MALAGA AVE
 CORAL GABLES, FL 33134

> Address change only

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 3034 ALLAMANDA ST.

City
 COCONUT GROVE

State
 FL

Zip Code
 33133

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 *Robert Wagner* (Robert WAGNER) DATE 3/20/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, ROBERT 811 MALAGA AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3034 ALLAMANDA ST. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: *Robert Wagner* (Robert Wagner) MGRM DATE 3/20/06 DAYTIME PHONE # 305-461-5071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #