

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011627

FILED
May 02, 2008
Secretary of State

Entity Name: GREEN FOREST INVESTMENTS, LLC

Current Principal Place of Business:

2411 WOODGLEN DRIVE
AURORA, IL 60502 US

New Principal Place of Business:

Current Mailing Address:

2411 WOODGLEN DRIVE
AURORA, IL 60502 US

New Mailing Address:

FEI Number: 87-0760641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDERS, ANDRE K
5122 31ST AVE SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRUENEWALD, DAVID
Address: 2411 WOODGLEN DRIVE
City-St-Zip: AURORA, IL 60502 US

Title: MGRM () Delete
Name: GRUENEWALD, TREVOR
Address: 2411 WOODGLEN DRIVE
City-St-Zip: AURORA, IL 60502 US

Title: MGRM () Delete
Name: GRUENEWALD, VICKI
Address: 2411 WOODGLEN DR
City-St-Zip: AURORA, IL 60502

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GRUENEWALD

PRES

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date