

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029897

FILED
Apr 27, 2008
Secretary of State

Entity Name: FORT GREEN, LLC

Current Principal Place of Business:

C/O 20801 BISCAYNE BLVD
STE. 501
AVENTURA, FL 33180 US

New Principal Place of Business:

5151 COLLINS AVE
APT # 1525
MIAMI BEACH, FL 33140

Current Mailing Address:

C/O 20801 BISCAYNE BLVD
STE. 501
AVENTURA, FL 33180 US

New Mailing Address:

5151 COLLINS AVE
APT # 1525
MIAMI BEACH, FL 33140

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
STE. 501
AVENTURA, FL 33180 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: MGRM () Delete
Name: WAISSMANN, SERGIO
Address: C/O 20801 BISCAYNE BLVD., STE. 501
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WAISSMANN, SERGIO
Address: 5151 COLLINS AVE APT # 1525
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: HOBERMAN, PABLO
Address: C/O 20801 BISCAYNE BLVD., STE. 501
City-St-Zip: AVENTURA, FL 33180 US

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: SERGIO WAISSMANN MGRM 04/27/2008

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