2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091481

1. Entity Name EMERALD GREEN LLC



FILED Mar 19, 2007 08:00 AN Secretary of State

Principal Place of Business

901 PONCE DE LEON BOULEVARD

SUITE 401

CORAL GABLES, FL 33134 US

Mailing Address

901 PONCE DE LEON BOULEVARD

SUITE 401

CORAL GABLES, FL 33134 US



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2057546	_	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Rec	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLACK, DAVID R ESQ. 1200 BRICKELL AVENUE SUITE 750 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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9 Thoohave	named entity submits this statement for the purpose of change	ing its registered office or registered agent or bo	th in the State of Florida. Lam familiar with and accept		
	ions of registered agent.	mny ita rogistarota ombo or rogistarota Egoria, or se	The state of the s		
SIGNATURE_					
	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, 2007					
9.	MANAĞING MEMBERS/MANAGERS				
BTLE	MGRM				
NAME	TIEN, YIFE 901 PONCE DE LEON BOULEVARD, SUITE 401				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33134				
TITLE	Marian, 1 E 0010-4				
NAME			1900000000000		
STREET ADDRESS			U00000670384		
CATY-ST-ZIP			03/27/07-80110-010 50.00		
TITLE					
NAME					
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CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • •		
title Name		IN IN	THIS SPACE		
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TITLE					
NAME					
STREET ADDRESS	-		¥		
CETY-ST-ZIP	1				

11. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

