LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State
06-03-2003 90020 003 ****50.00

DOCUMENT # L02000031921

1. Entity Name

GREEN PATH HOLDINGS, L.L.C.

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2. Principal Place of Business		3. Mailing Address	
BDO SEIDMAN, LLP		100 S.E. 2ND STREET#2200	
Suite, Apt. #, etc.: SUITE 2200		Suite, Apt. #, etc.: C/O ISABEL GOLDBERG	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33131	Country: U.S.A.	Zip: 33131	Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 938-71-1767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ATRIUM REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 1500 SAN REMO AVE

SUITE 125

City: CORAL GABLES **FL** Zip Code: 33146

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	MR. DAVID TURNER
STREET ADDRESS	100 S.E. 2ND ST. C/O BDO SEIDMAN, LLP
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] May 25 2003 | 972 2571 0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #