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| (Requestor's Name) (Address) |
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| (Addrass) |
| (nadicas) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: GREEN HOLDINGS I, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000001558

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

| Kerry G. Green | |
|------------------------|--|
| (Contact Person) | |
| (Firm/Company) | |
| 8936 Brookshire Court | |
| (Address) | |
| Jacksonville, FL 32257 | |

For further information concerning this matter, please call:

(City, State and Zip Code)

Kerry G. Green

at / 904

737-5227

(Name of Contact Person)

(Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

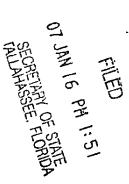
STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS04 (01/06)

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| change its registere | ed office or registered agent, or bo | oth, in the state of Florida | . . | |
|---|---|------------------------------|--------------------------|-------------------|
| 1. GREEN H | OLDINGS I, LTD | | | |
| Na | ame of Limited Partnership or Limite | ed Liability Limited Partner | ship | • |
| 2. 06/25/199 | 98 | 3. A9800000 | 1558 | _ |
| Date of filing | g/registration in Florida | Florida docu | ment number | O. |
| 4. The name of the re Department of State: | egistered agent and the registered off | fice address as shown on the | e records of the Florida | OT JAN 16 PM 1:51 |
| • | Sibyl G. Green | | _ | 最后 |
| | 531 Waterford Ave | anue. | | SEL OF |
| | Address | | - | 10 ST 1.5 |
| | Mount Dora, FL 32 | | | |
| | City, State an | | - | |
| 5. The name and Flo | rida street address of the new registe | red agent and/or office: | | |
| | Kerry G. Green | | | |
| | Name | | - | |
| | 8936 Brookshire C | Court | | |
| | Florida street address (P.O. | Box not acceptable) | - | |
| | Jacksonville | _{FL} 32257 | | |
| | City, State an | d Zip | • | |
| 6. Such change(s) is/ | are effective when filed by the Floric | da Department of State. | | |
| threll (| Me | | | |
| Signature of General | Partner | | | |
| comply with the provi and I am familiar with | opointment as registered agent and a isions of all statutes relative to the print an accept the obligations of my pos | oper and complete perform | | |
| Signature of Registere | - | | | |
| Filing Fee: | \$35.00 | | | |

Certified Copy (optional): \$52.50