FILED

2003 NOV 12 AM 10: 35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Amended

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006575

1. Entity Name
GREEN ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
9101 COLLEGE PARKWAY, SUITE 206 FT MYERS, FL 33919	9101 COLLEGE PARKWAY, SUITE 206 FT MYERS, FL 33919

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For X Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIELINSKI, REGINALD 9140 SOUTH MONT COVE #310 FT MYERS, FL 33908	Name Suzzanne Antonucci Street Address (P.O. Box Number is Not Acceptable) 12335 Oak Brook Ct City Ft. Myers FL Zip Code 33908

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 [signature] 11-6-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

600024620956
11/13/03--01014--001 **55.00

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIELINSKI, REGINALD 9140 SOUTH MONT COVE #310 FT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600024620956 11/13/03--01014--001 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzzanne Antonucci 12335 Oak Brook Ct Ft Myers FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (1/02)

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] 11-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #