

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


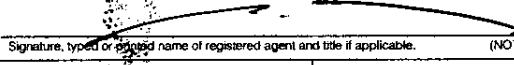

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Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90115 018 ****50.00

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08082005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000008466			
1. Entity Name TEENS ON THE GREEN, L.L.C.			
Principal Place of Business 15016 S.W. 22 STREET MIRAMAR, FL 33186		Mailing Address 15016 S.W. 22 STREET MIRAMAR, FL 33186	
2. Principal Place of Business 890 SOUTH DIXIE HWY		3. Mailing Address P.O. BOX 81849	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES FL		City & State CONYERS GA	
Zip 33146	Country U.S.	Zip 30013	Country U.S.
6. Name and Address of Current Registered Agent ROKER, RENAULD E 15016 S.W. 22 STREET MIRAMAR, FL 33186		7. Name and Address of New Registered Agent Name RENAULD E. ROKER / OKRAMER & ASSOC. PA Street Address (P.O. Box Number is Not Acceptable) 890 SOUTH DIXIE HIGHWAY 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  Signature, typed or printed name of registered agent and title if applicable.		DATE 9.6.05 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROKER, RENAULD 15016 S.W. 22 STREET MIRAMAR, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROKER, RENAULD E P.O. BOX 81849 CONYERS, GA 30013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 9.6.05 786 382 8336 Daytime Phone #	