

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 034 ****50.00

DOCUMENT # **L01000019252**
1. Entity Name
GREEN MOUNTAIN TRADERS, LLC ✓

DO NOT WRITE IN THIS SPACE

974682

2. Principal Place of Business
949 INLET CIRCLE RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 841
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34285 Country
USA

Zip
34284 Country
USA

4. FEI Number
22-3840470

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent -

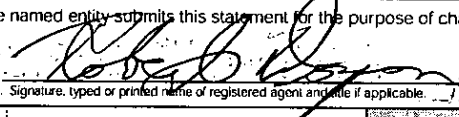
Name
CSC - TALLAHASSEE

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City
TALLAHASSEE, FL Zip Code
32301

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.

SIGNATURE  **Aug 12/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERT G. DOYON 949 INLET CIRCLE RD. VENICE, FL 34285
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CR2E083B (12/01)

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:  **Aug 12/02** (941) 484-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #