


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90755 025 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                |                                                                                                                                         |                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L02000005456</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                |                                                                                                                                         |                  |  |
| <b>1. Entity Name</b><br><b>GREEN TURTLE HOLDINGS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                |                                                                                                                                         |                                                                                                   |  |
| <b>Principal Place of Business</b><br>4660 1ST STREET<br>VERO BEACH FL 32968                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                | <b>Mailing Address</b><br>4660 1ST STREET<br>VERO BEACH FL 32968                                                                        |                                                                                                   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                        |                                                                                                   |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                | <b>City &amp; State</b>                                                                                                                 |                                                                                                   |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                | <b>Country</b> |                                                                                                                                         | <b>Zip</b>                                                                                        |  |
| <b>Country</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                | <b>Country</b> |                                                                                                                                         | <b>4. FEI Number</b><br>03-0401729                                                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                |                                                                                                                                         | <b>Applied For</b><br>Not Applicable                                                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HILL, ROBERT K<br>4660 1ST STREET<br>VERO BEACH FL 32968                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                | <b>7. Name and Address of Now Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                |                |                                                                                                                                         |                                                                                                   |  |
| <b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><b>DATE</b></span>                                                                                                                                                                                                                                                                                            |                                                                |                |                                                                                                                                         |                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                |                                                                                                                                         |                                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                | <b>10. ADDITIONS/CHANGES</b>                                                                                                            |                                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | mbrn<br>ROBERT HILL<br>4660 1ST STREET<br>VERO BEACH, FL 32968 |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                |                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>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.</b> |                                                                |                |                                                                                                                                         |                                                                                                   |  |
| <b>SIGNATURE:</b> ROBERT HILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                | 4/23/03 (717) 778-447                                                                                                                   |                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                |                                                                                                                                         |                                                                                                   |  |

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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)