


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90008 017 ****50.00

DOCUMENT # L02000007448

1. Entity Name
GREEN DREAMS, LLC



Principal Place of Business
**25520 DEVONIA ST.
MELROSE FL 32666**

Mailing Address
**25520 DEVONIA ST.
MELROSE FL 32666**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number
04 366 9949

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

6. Name and Address of Current Registered Agent
**CHIAPPINI, CLARIE P
25520 DEVONIA ST.
MELROSE FL 32666**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR Co Owner, PRES	<input type="checkbox"/> Delete
NAME CHIAPPINI, CLAIRE P	
STREET ADDRESS 25520 DEVONIA ST.	
CITY-ST-ZIP MELROSE FL 32666	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE Co-owner VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Scott D. Carlton	
STREET ADDRESS 5501 SW 16th Ct	
CITY-ST-ZIP Gainesville, FL 32609	
TITLE Co-owner Sec. Trans.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard H. Flog	
STREET ADDRESS 147 Mason Road	
CITY-ST-ZIP Melrose, FL 32606	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Clarie P. Chiappini* **SIGNATURE REQUIRED** **1-7-03 352-475-2521**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)