2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L02000017540

Entity Name: GREEN CAPITAL, LLC

Current Principal Place of Business:

18205 BISCAYNE BLVD
2202
AVENTURA, FL 33160

New Principal Place of Business:

18205 BISCAYNE BLVD
2202
AVENTURA, FL 33160 US

Current Mailing Address:

18205 BISCAYNE BLVD
2202
AVENTURA, FL 33160

New Mailing Address:

18205 BISCAYNE BLVD
2202
AVENTURA, FL 33160 US

FEI Number: 71-0896419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSFELD, MARIO
18205 BISCAYNE BLVD
2202
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GROSFELD, MARIO
Address: 19401 WEST DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33180

Title: MGR ( ) Delete
Name: LINKEWER, JORGE
Address: 18205 BISCAYNE BLVD #2202
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GROSFELD, MARIO
Address: 18205 BISCAYNE BLVD #2202
City-St-Zip: AVENTURA, FL 33160 US

Title: MGR (X) Change ( ) Addition
Name: LINKEWER, JORGE
Address: 18205 BISCAYNE BLVD #2202
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO GROSFELD MGR 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date