

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026800

FILED  
Mar 18, 2005  
Secretary of State

Entity Name: TORRE MOLINO GREENS, LLC

**Current Principal Place of Business:**

6622 NATURE PRESERVE COURT  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6622 NATURE PRESERVE COURT  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 22-3878101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIRSCH, EDUARDO J  
6622 NATURE PRESERVE CT  
NAPLES, FL 34109 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: HIRSCH, EDUARDO J  
Address: 6622 NATURE PRESERVE CT  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: HIRSCH, ALEJANDRO  
Address: 5401 N.W. 105 COURT  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HIRSCH, EDUARDO J  
Address: 6622 NATURE PRESERVE CT  
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Change ( ) Addition  
Name: HIRSCH, ALEJANDRO  
Address: 5401 N.W. 105 COURT  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDUARDO J HIRSCH

MGRM

03/18/2005

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