


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # L03000000359 1. Entity Name H.F. GREEN, LLC |  |
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| Principal Place of Business 2 CHARLES STREET ST. AUGUSTINE, FL 32095 | Mailing Address P.O. BOX 1568 ST. AUGUSTINE, FL 32085 |
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| DO NOT WRITE IN THIS SPACE |
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03182007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 40-0062062 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GREEN, H.F. 2 CHARLES STREET ST. AUGUSTINE, FL 32095 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREEN, H.F. 2 CHARLES STREET ST. AUGUSTINE, FL 32095 |
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| <p>U00000676245 03/30/07-80052-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/19/07 904-829-6858
Date Daytime Phone #