

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006363

1. Entity Name  
GREEN PALM, LLC



**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90210 040 \*\*\*\*50.00

Principal Place of Business  
C/O KAREN LEOPOLD, 20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

Mailing Address  
C/O KAREN LEOPOLD, 20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US



2. Principal Place of Business  
**GREEN PALM, LLC.**

3. Mailing Address  
**GREEN PALM, LLC.**

Suite, Apt. #, etc.  
**3899 N.W. 7 St #203**

Suite, Apt. #, etc.  
**3899 N.W. 7 St #203**

04222004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33123**

Country  
**USA**

Zip  
**33123**

Country  
**U.S.A.**

4. FEI Number  
**E51-0457432**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEOPOLD, KORN & LEOPOLD, P.A.**  
**20801 BISCAYNE BOULEVARD**  
**501**  
**AVENTURA, FL 33180**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jose Corradi Manager 4/27/04 3059356228

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