

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90031 016 \*\*\*\*50.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L03000006363</b><br>1. Entity Name<br><b>GREEN PALM, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>GREEN PALM, LLC</b><br><b>3899 N.W. 7 ST #203</b><br><b>MIAMI, FL 33123 US</b>  |  | Mailing Address<br><b>GREEN PALM, LLC</b><br><b>3899 N.W. 7 ST #203</b><br><b>MIAMI, FL 33123 US</b>   |   |
| 2. Principal Place of Business<br><b>GREEN PALM LLC</b><br>Suite, Apt. #, etc.<br><b>1549 N.E. 123<sup>RD</sup> STREET</b>  |  | 3. Mailing Address<br><b>GREEN PALM LLC</b><br>Suite, Apt. #, etc.<br><b>1549 N.E. 123<sup>RD</sup> STREET</b>   |   |
| City & State<br><b>NORTH MIAMI</b>  |  | City & State<br><b>NORTH MIAMI</b>   |   |
| Zip<br><b>33181</b>   | Country<br><b>USA</b>  | Zip<br><b>33181</b>  | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>51-0457432</b>  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>LEOPOLD, KORN &amp; LEOPOLD, P.A.</b><br><b>20801 BISCAYNE BOULEVARD</b><br><b>501</b><br><b>AVENTURA, FL 33180</b>   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 reissuing) DATE _____   |  |  |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |
| 9. MANAGING MEMBERS / MANAGERS  |  | 10. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>LEDERMAN, MAX</b><br><b>21055 YACHT CLUB DRIVE #3203</b><br><b>AVENTURA, FL 33180</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>CORKIDI, JOSE</b><br><b>19539 N.E. 17 AV.</b><br><b>MIAMI, FL 33179</b>               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>AGHION, JACQUES</b><br><b>19333 COLLINS AV #708</b><br><b>SUNNY ISLES, FL 33160</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes. |  |  |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | Date <b>04/04/05</b> Daytime Phone # <b>305-5413980</b>  |   |