
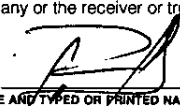


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90225 038 ****50.00

| | | | |
|---|---|--|--|
| DOCUMENT # L03000015354 1. Entity Name GREEN S.W. 12 ST., LLC | |  | |
| Principal Place of Business 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 | | Mailing Address 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 | |
| 2. Principal Place of Business 5397 N.W. 105TH COURT Suite, Apt. #, etc. | | 3. Mailing Address 5397 N.W. 105TH COURT Suite, Apt. #, etc. | |
| City & State MIAMI, FLORIDA Zip Country 33178 | | City & State MIAMI, FLORIDA Zip Country 33178 | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 | | 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 | MGRM SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PORTILLO, OSWALDO 11354 N.W. 57TH TERRACE MIAMI, FLORIDA 33178 <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 | MGRM PORTILLO, LESBIA 5401 N.W. 105TH COURT MIAMI, FLORIDA 33178 <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 | MGRM RUIZ, REINALD 5397 N.W. 105TH COURT MIAMI, FLORIDA 33178 <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 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 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)(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:  | | REINALD RUIZ, MANAGING MEMBER | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date 3/2/04 Daytime Phone # (305) 592-2859 | |