


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90115 045 \*\*\*\*50.00

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<b>DOCUMENT # L03000027731</b>		
1. Entity Name GREENHOUSE FINANCIAL SOLUTIONS, LLC		

Principal Place of Business <del>2000 NE 101 STREET, PENTHOUSE 8</del> <del>AVENTURA, FL 33180</del>	Mailing Address <del>2000 NE 101 STREET, PENTHOUSE 8</del> <del>AVENTURA, FL 33180</del>
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2. Principal Place of Business - No P.O. Box # <b>4400 Biscayne Blvd</b>	3. Mailing Address <b>4400 Biscayne Blvd</b>
Suite, Apt. #, etc. <b>Suite 900</b>	Suite, Apt. #, etc. <b>Suite 900</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33137</b>	Country <b>US</b>


04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>56-2469502</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HELLMAN, MAYNARD J</b> <b>2000 NE 101 STREET, PENTHOUSE 8</b> <b>AVENTURA, FL 33180</b>	
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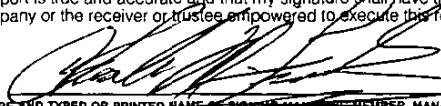
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4400 Biscayne Blvd Suite 900</b> <b>MIAMI</b> City <b>FL</b> Zip Code <b>33137</b>	
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8. The above named entity submits this statement for the purpose 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 	DATE <b>4-26-07</b>

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, CHARLES M 105 PALOMA DRIVE CORAL GABLES, FL 331436546 <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
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
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 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: 	DATE <b>4/27/07</b> (505) 777-1085
SIGNATURE AND TYPED OR PRINTED NAME OF DISBURSED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	