

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049804

Entity Name: GREEN HOUSE GROCERY, LLC

FILED  
Feb 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1636 N. RONALD REGAN BOULEVARD  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

745 SILVERWOOD DR  
LAKE MARY, FL 327464919

**New Mailing Address:**

FEI Number: 59-2420331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMENEZ, MINERVA  
745 SILVERWOOD DR  
LAKE MARY, FL 327464919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JIMENEZ, MINERVA  
Address: 745 SILVERWOOD DR  
City-St-Zip: LAKE MARY, FL 327464919

Title: MGRM ( ) Delete  
Name: JIMENEZ, FRANCISCO  
Address: 745 SILVERWOOD DR  
City-St-Zip: LAKE MARY, FL 327464919

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JIMENEZ, MINERVA M MEMBER  
Address: 745 SILVERWOOD DR  
City-St-Zip: LAKE MARY, FL 327464919

Title: MGRM (X) Change ( ) Addition  
Name: JIMENEZ, FRANCISCO MEMBER  
Address: 745 SILVERWOOD DR  
City-St-Zip: LAKE MARY, FL 327464919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MINERVA JIMENEZ

MS.

02/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date