

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055957

FILED
Jul 01, 2006
Secretary of State

Entity Name: GREEN TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

605 NW 53RD AVE
A15
GAINESVILLE, FL 32609

New Principal Place of Business:

4051 NW 43RD STREET
SUITE 36
GAINESVILLE, FL 32606

Current Mailing Address:

605 N.W. 53RD AVENUE, STE. A15
GAINESVILLE, FL 32609

New Mailing Address:

PO BOX 357905
GAINESVILLE, FL 32635

FEI Number: 20-0811020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCHANAN, MARLA K
605 N.W. 53RD AVENUE, STE. A15
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

BUCHANAN, MARLA K
4051 NW 43RD STREET
GAINESVILLE, FL 32606 US

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: _____

07/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARSHOVI, AMIR A
Address: 605 N.W. 53RD AVENUE, STE. A15
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARSHOVI, AMIR A
Address: 4051 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

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: AMIR A. VARSHOVI

MGR

07/01/2006

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