


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90060 048 \*\*\*\*\*55.00

<b>DOCUMENT # L04000000853</b> 1. Entity Name <b>GREEN EAST CONSULTING, LLC</b>					
Principal Place of Business <b>515 FOREST WAY LONGBOAT KEY, FL 34228</b>			Mailing Address <b>515 FOREST WAY LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>43-2043230</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NIEMANN, NICK D</b> → <b>INCORRECT SPELLING</b> → <b>515 FOREST WAY</b> <b>LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name <b>NICK D. NIEMANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 Forest Way</b> City <b>Longboat Key</b> <b>FL</b> Zip Code <b>34228</b>	
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 <b>Nick D. Niemann</b> DATE <b>3/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIEMANN, NICK D 515 FOREST WAY LONGBOAT KEY, FL 34228	<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	[Faint/Illegible]	<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	[Faint/Illegible]	<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	[Faint/Illegible]	<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	[Faint/Illegible]	<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	[Faint/Illegible]	<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: <b>Nick D. Niemann</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/23/04 (941) 284-2980 <small>Date Daytime Phone #</small>	