2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90047 026 ****50.00

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1. Entity Name
GREENE APARTMENTS, LLC

Principal Place of Business	Mailing Address
300 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	370 MINORCA AVENUE 1 CORAL GABLES, FL 33134

04022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
300 WESTWARD DRIVE	300 WESTWARD DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI SPRINGS, FLORIDA	City & State: MIAMI SPRINGS, FLORIDA
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 20-0989997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CATARINEAU, JOE A ESQ~~ 370 MINORCA AVENUE 1 CORAL GABLES, FL 33134	Name: RICHARD F. GREENE Street Address (P.O. Box Number is Not Acceptable): 300 WESTWARD DRIVE City: MIAMI SPRINGS FL Zip Code: 33166

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: X [signature] DATE: 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, RICHARD F 300 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE JENNIFER 300 WESTWARD DRIVE MIAMI SPRINGS, FL, 33166	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #