LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

05-10-2005 90046 036 ****50.00

L04000022097

FILED

05 DEC -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000022097

1. Entity Name

James Green L.L.C.

DO NOT WRITE IN THIS SPACE

BK DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 591-76-7576	Applied For / Not Applicable
409 S. Cypress Suite, Apt. #, etc.	409 S. Cypress Ave Suite, Apt. #, etc.		
City & State: G.C.S. Fl. Zip: 32043 Country: U.S.A.	City & State: G.C.S. Fl. Zip: 32043 Country: U.S.A.	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: James C. Green

Street Address (P.O. Box Number is Not Acceptable): 409 S. Cypress Ave.

City: G.C.S.Fl. **FL** Zip Code: 32043

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: James C. Green James G Green MGM 4/25/05
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM James Green 409 S. Cypress Ave G.C.S.Fl. 32043	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: /s/ JAMES C. GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083B (12/02)

CR2E083E (12/02)