## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE A

TYPED OR PRECED NAME OF SIGNING MANAGENG

## **FILED** Feb 06, 2006 08:00 AM DOCUMENT # L04000034172 **Secretary of State** GREEN BEAN ORGANIC MART, LLC Mailing Address Principal Place of Business 11020 NORTHCLIFFE BLVD TTOZO NORTHCLIFFE BLVD SPRING HILL, FL 34608 SPRING HILL FL 34608 01062008No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3601291 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUGELLO, AGNES DO NOT WRITE 5370 SPRING HILL DR SPRING HILL, FL 34606 IN THIS SPACE 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, typed or presed name of registered agent and tris if applicable (NOTE: Registered Agent agreature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 3. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME LEMIEUX, JOSEPH STREET ADDRESS 11020 NORTHCLIFFE BLVD SPRING HILL, FL 34608 CITY-ST-ZP TITLE NAME 800000423255 82/17/06-80049-018 **50.00** STREET ADDRESS CITY-ST-ZIP TITLE NAME STRUCT AUTORESS DO NOT WRITE CTY-ST-ZP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS 237Y-51-20 TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I horeby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes 1 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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.