

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PENDING

05-18-2007 90221 032 *****50.00
L04000034172

FILED

2007 JUN 26 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/06)

DOCUMENT # L04000034172 1. Entity Name GREEN BEAN ORGANIC MART, LLC					
Principal Place of Business 11020 NORTHCLIFFE BLVD SPRING HILL FL 34608		Mailing Address 11020 NORTHCLIFFE BLVD SPRING HILL FL 34608			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5350 Spring Hill Drive Suite, Apt. #, etc.			
City & State City: Spring Hill		4. FEI Number 59-3601291			
Zip 34606		Country U.S.			
5. Name and Address of Current Registered Agent AUGELLO, AGNES 5370 SPRING HILL DR SPRING HILL FL 34606				7. Name and Address of New Registered Agent Name: Pariksinh Singh Street Address (P.O. Box Number is Not Acceptable): 5380 Spring Hill Drive City: Spring Hill FL Zip Code: 34606	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when registering) DATE: _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMIEUX, JOSEPH 11020 NORTHCLIFFE BLVD SPRING HILL FL 34608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSingh, President Auroveda Foundation, Inc. 5380 Spring Hill Drive Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 exemptions contained in Section 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 1/29/07 Daytime Phone #: 352-688-3379		