2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L04000040620

Entity Name: GREEN ALPINE DRIVE, LLC

Current Principal Place of Business:

18001 OLD CUTLER ROAD
#517
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER ROAD
#517
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 20-1197402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASNER, MARK M ESQ
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE., SUITE 2400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREEN, THOMAS R
Address: 18001 OLD CUTLER ROAD #517
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM ( ) Delete
Name: GREEN, STEPHANIE
Address: 18001 OLD CUTLER ROAD #517
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREEN INVESTMENT PRO, PERTIES, LTD.
Address: 18001 OLD CUTLER ROAD #517
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGR (X) Change ( ) Addition
Name: GREEN INVESTMENT MAN, AGEMENT, LLC
Address: 18001 OLD CUTLER ROAD #517
City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS R GREEN MGR 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date