

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040669

FILED
Apr 27, 2006
Secretary of State

Entity Name: GREEN INVESTMENT MANAGEMENT, LLC

Current Principal Place of Business:

5880 COMMERCE LANE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

18001 OLD CUTLER ROAD
#517
PALMETTO BAY, FL 33157

Current Mailing Address:

5880 COMMERCE LANE
SOUTH MIAMI, FL 33143

New Mailing Address:

18001 OLD CUTLER ROAD
#517
PALMETTO BAY, FL 33157

FEI Number: 20-1197328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, 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: 5880 COMMERCE LANE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: GREEN, STEPHANIE
Address: 5880 COMMERCE LANE
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GREEN, STEPHANIE
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 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 GREEN

M

04/27/2006

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