2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
02-09-2005 90154 031 ****50.00

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01282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000047476

1. Entity Name
GREEN FAMILY INVESTMENT COMPANY, LLC

Principal Place of Business	Mailing Address
2916 HIDDEN BEACHES DRIVE CARRABELLE, FL 32322	2916 HIDDEN BEACHES DRIVE CARRABELLE, FL 32322

2. Principal Place of Business	3. Mailing Address
	PO BOX 825
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CARRABELLE FL
Zip / Country	Zip: 32322 / Country: US

4. FEI Number: 20-1301975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, JAMES A 2916 HIDDEN BEACHES DRIVE CARRABELLE, FL 32322	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREEN, JAMES A TRUSTEE P.O. BOX 825 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREEN, NANCY A TRUSTEE P.O. BOX 825 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAMES A. GREEN LIVING TRUST P.O. BOX 825 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NANCY A. GREEN LIVING TRUST P.O. BOX 825 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: James A Green 1/29/05 850-697-3133
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #