

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L04000047562

1. Entity Name
40 SHADES OF GREEN, LLC



Principal Place of Business
2211 INGRAM AVENUE
SARASOTA, FL 34232 US

Mailing Address
2211 INGRAM AVENUE
SARASOTA, FL 34232 US



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1292114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEST, JOHN W III
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARRETT, MICHAEL
STREET ADDRESS	5144 ISLAND DATE ST
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGR
NAME	JOHNSON, GRETCHEN
STREET ADDRESS	1111 RITZ CARLTON DRIVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	HARRINGTON, JAMES
STREET ADDRESS	3930 LAUREL CANYON BOULEVARD, #115
CITY-ST-ZIP	STUDIO CITY, CA 91604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80103-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #