


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000053730	
1. Entity Name GREEN DESIGN, LLC	

Principal Place of Business 7135 COLLINS AVENUE #904 MIAMI BEACH, FL 33141 US	Mailing Address 7135 COLLINS AVENUE #904 MIAMI BEACH, FL 33141 US
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2. Principal Place of Business - No P.O. Box # <i>11595 MAHOGANY RUN</i>	3. Mailing Address <i>11595 MAHOGANY RUN</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>FORT MYERS, FL</i>	City & State <i>FORT MYERS, FL</i>
Zip <i>33913</i>	Zip <i>33913</i>
Country <i>LEE</i>	Country <i>LEE</i>



01292007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GOLDSTEIN, JACQUELINE 7135 COLLINS AVENUE #904 MIAMI BEACH, FL 33141	
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4. FEI Number 41-2144640	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZADOK, OFER <input type="checkbox"/> Delete 7135 COLLINS AVENUE MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11595 MAHOGANY RUN</i> <i>FORT MYERS, FL 33913</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, JACQUELINE <input type="checkbox"/> Delete 7135 COLLINS AVENUE MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11595 MAHOGANY RUN</i> <i>FORT MYERS, FL 33913</i> <input checked="" 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	300091010203 03/06/07--01022--013 ***100.00 <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	REINSTATEMENT 06-07 <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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/07

239.243.8021