

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90360 023 \*\*\*\*50.00

**DOCUMENT # L04000054534**

1. Entity Name  
**GREEN ACRES GROUP LLC**



Principal Place of Business  
**3795 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 33142**

Mailing Address  
**3795 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 33142**

**40102078**



2. Principal Place of Business - No P.O. Box #  
**8224 NW 30th Terrace**  
Suite, Apt. #, etc.  
**Unit 24**

3. Mailing Address  
**8224 NW 30th Terrace**  
Suite, Apt. #, etc.  
**Unit 24**

04242007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**84-1653442**

Applied For  
Not Applicable

Zip  
**33122**  
Country  
**Dade**

Zip  
**33122**  
Country  
**Dade**

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**

**LOPEZ, JUAN F  
3795 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 33142**

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

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LOPEZ, JUAN F  
3795 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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

**JUAN LOPEZ**

Date

Daytime Phone #

**4/28/07 365 634 7374**