


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-12-2005 90012 037 ****50.00

DOCUMENT # L04000070624	
1. Entity Name GREEN PARK MANAGEMENT, L.L.C.	

Principal Place of Business IN C/O JEFF HAHN, C.P.A. 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432	Mailing Address IN C/O JEFF HAHN, C.P.A. 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

30004398



1st MOORE CR2E083 (10/04)

4. FEI Number 76-0767308	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GERSTIN, JOSHUA G 399 WEST PALMETTO PARK RD. 108 BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN PARK MANAGEMENT, INC. 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGOF CONSULTING INC 1601 WASHINGTON RD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE CONST INC. 1601 WASHINGTON RD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: [Signature] Neeta MGR. 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #