

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

04-10-2006 90187 001 ***450.00

DOCUMENT # L04000074421					
1. Entity Name T.GREEN INVESTMENTS, LLC					
Principal Place of Business 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVENUE SUITE 100 AVENTURA, FL 33180			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 renewing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STIBON, ARNAUD 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STIVELMAN, JACQUES C 2999 N.E. 191ST STREET, SUITE 803 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 18851 NE 29TH AVENUE, SUITE 1011 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENHAMOU, GILBERT 2999 N.E. 191ST STREET, SUITE 803 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 18851 NE 29TH AVENUE, SUITE 1011 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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: 03/09/06 (305) 935-1220		

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01232006 Chg-LLC CR2E083 (11/05)

FFI Number 20-1744786 ☒ Applied For ☐ Not Applicable

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