


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90031 022 \*\*\*\*50.00

DOCUMENT # L04000078751					
1. Entity Name <b>GREENWORKS, LLC</b>					
Principal Place of Business <del>3191 CORAL WAY SUITE 1005</del> <del>MIAMI, FL 33145</del>			Mailing Address <del>3191 CORAL WAY SUITE 1005</del> <del>MIAMI, FL 33145</del>		
2. Principal Place of Business <b>12590 SW 96 STREET</b>		3. Mailing Address <b>12590 SW 96 ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-2024813</b>	
Zip <b>33176</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRUENINGER AND PUJOL, P.A.</b> <b>3191 CORAL WAY SUITE 1005</b> <b>MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Michael Bowler, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12590 SW 96 Street</b> City <b>MIAMI</b> FL Zip Code <b>33176</b>		
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 <u><i>Michael Bowler</i></u> DATE <u>4-3-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. MGR ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <del>GRUENINGER, SUSANA</del> <del>3191 CORAL WAY, #1005</del> <del>MIAMI, FL 33145</del> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Michael Bowler, Esq.</b> <b>12590 SW 96 Street</b> <b>MIAMI, FL 33176</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Michael Bowler</i></u>			Date <u>4-3-06</u> Daytime Phone # <u>305 2982052</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					