
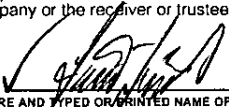


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 001 \*\*\*\*50.00

<b>DOCUMENT # L04000087863</b> 1. Entity Name <b>GREEN THUMB HOLDINGS, LLC</b>			
Principal Place of Business <b>1775 JEFFERSON AVENUE MIAMI BEACH, FL 33139</b>		Mailing Address <b>1775 JEFFERSON AVENUE MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business <b>1168 NW 27 Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1168 NW 27<sup>th</sup> Street</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33127</b>		City & State <b>1168 NW 27<sup>th</sup> Street</b> Zip <b>33127</b>	
4. FEI Number <b>20-2023978</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM URIBE, LUIS JAIR 1775 JEFFERSON AVENUE MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1168 NW 27 Street MIAMI, FL 33127</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> 		<b>05-03-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	