

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000091481

1. Entity Name
EMERALD GREEN LLC



Principal Place of Business
**901 PONCE DE LEON BOULEVARD
SUITE 401
CORAL GABLES, FL 33134 US**

Mailing Address
**901 PONCE DE LEON BOULEVARD
SUITE 401
CORAL GABLES, FL 33134 US**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2057546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACK, DAVID R ESQ.
1200 BRICKELL AVENUE
SUITE 750
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TIEN, YIFE
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 401
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	
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01/20/06-80007-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/11/06

305-446-0600

Date

Daytime Phone #