


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-03-2005 90027 042 ****50.00

DOCUMENT # L04000092513

1. Entity Name
GREEN LAKES MANAGERS, LLC



Principal Place of Business
**444 BRICKELL AVENUE, SUITE 210
 MIAMI, FL 33131**

Mailing Address
**1200 BRICKELL AVENUE, SUITE 900
 MIAMI, FL 33131**

30010009



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
444 Brickell Avenue

City & State
Miami, FLA

City & State
Miami, FLA

Zip
33131

Country
U.S.A.

04272005 Chg-LLC CR2E083 (10/03)

FBI Number
20 209 6727

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE, SUITE 900
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name **OSCAR RODRIGUEZ**
 Street Address (P.O. Box Number is Not Acceptable)
444 Brickell Avenue, Suite 210
 City **Miami** FL Zip Code **33131**

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 _____ DATE **04/27/05**

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

D. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RODRIGUEZ, CARLOS H	444 BRICKELL AVENUE, SUITE 210	MIAMI, FL 33131	<input type="checkbox"/>
MGR	RODRIGUEZ, OSCAR	444 BRICKELL AVENUE, SUITE 210	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Oscar Rodriguez* DATE: 04/27/2005 PHONE: 305-372-5025

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #