

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025532

FILED  
Apr 16, 2006  
Secretary of State

**Entity Name:** GREEN SPRINGS RECOVERY PROGRAMS, LLC

**Current Principal Place of Business:**

223 PRYOR STREET  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

217 PRYOR STREET  
BROOKSVILLE, FL 34601 US

**Current Mailing Address:**

223 PRYOR STREET  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

P.O. BOX 219  
BROOKSVILLE, FL 34605 US

**FEI Number:** 20-2531983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLEMAN-DERR, SHANTA  
Address: PO BOX 219  
City-St-Zip: BROOKSVILLE, FL 34605 US

Title: MGRM ( ) Delete  
Name: PENLEY, AMANDA  
Address: PO BOX 219  
City-St-Zip: BROOKSVILLE, FL 34605 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANTA COLEMAN-DERR

MGRM

04/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date