2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 01, 2006 8:00 am 4/1. **DOCUMENT # L05000038033** Secretary of State 1. Entity Name 04-07-2006 90217 018 \*\*\*\*50.00 GREEN PRECIOUS HOME, LLC Principal Place of Business Mailing Address 601 NW 98 STREET MIAMI FL 33150 625 NE 130 STREET MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Régistered Agent 7. Name and Address of New Registered Agent Name GREEN, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) **625 NE 130 STREET** MIAMI FL 33161 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 Segretarie, typhid or prailed from of registered agent and blin 4 authoratio. (NOTE Registered Agent signature required when rendinting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Dalate TITLE ☐ Change ☐ Addition NAME RICHARD, ANDREW STREET ADDRESS STREET ADDRESS 1009 NE 151 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 ME Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRIET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete nne ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE ☐ Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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.

SER MANAGER OR AUTHORIZED REPRESENTATIVE

FILED