

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046256

FILED  
Jan 13, 2006  
Secretary of State

**Entity Name:** GREEN INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

100 - 2ND AVENUE SOUTH  
SUITE 104N  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

111 2ND AVE. NE  
SUITE 200  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

555 - 5TH AVENUE NE  
UNIT 532  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 20-2802566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, DONALD J  
555 - 5TH AVENUE NE  
UNIT 532  
ST. PETERSBURG, FL 33701 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: GREEN, DONALD J  
Address: 555 - 5TH AVENUE NE, #532  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: GREEN, PATRICIA W  
Address: 555 - 5TH AVENUE NE, #532  
City-St-Zip: ST. PETERSBURG, FL 33701

**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: DONALD J. GREEN

MGRM

01/13/2006

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