2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L05000053071 02-20-2006 90139 022 ****50.00 GREÉNWEBSON LLC Principal Place of Business Mailing Address C/O ALARON TRADING C/O ALARON TRADING 822 W. WASHINGTON BLVD. 822 W. WASHINGTON BLVD. CHICAGO, IL 60607 CHICAGO, IL 60607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-LLC -CR2E083 (11/05) City & State City & State (4.7 FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, THEODORE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE 303 COCONUT GROVE, FL 33133 City 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ... ☐ Delete TITLE Change ■ Addition GREENBERG, STEVEN NAME NAME STREET ADDRESS 822 W. WASHINGTON BLVD. STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60607 CITY-ST-ZIP MGR Delete TITLE ☐ Change Addition TITLE WEBER, GARY NAME NAME STREET ADDRESS 822 W. WASHINGTON BLVD. STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60607 CITY-ST-ZIP MGR ☐ Addition ☐ Delete Change TITLE TITLE GREENBERG, CARRIE NAME NAME 822 W. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60607 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ISAACSON, BARRY GREENBERG, BARRY NAME NAME 822 W. WASHINGTON Blud. 822 W. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60607 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 20, 2006 8:00 am