


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000074415 1. Entity Name SEEING GREEN AT DORAL, LLC	
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Principal Place of Business C/O MICHAEL LATTERNER & ASSOCIATES 13 S.W. 7TH STREET MIAMI, FL 33130 US	Mailing Address C/O MICHAEL LATTERNER & ASSOCIATES 13 S.W. 7TH STREET MIAMI, FL 33130 US
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01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3237531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LATTERNER, MICHAEL
C/O MICHAEL LATTERNER & ASSOCIATES
13 S.W. 7TH STREET
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, WAYNE 277 GALEON CT. CORAL GABLES, FL 33143
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IN THIS SPACE**

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05/15/07-80121-008-50.00

11. I 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.

SIGNATURE:  **4/24/07 305-372-1266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #