


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000093129 1. Entity Name GREEN STREET SQUARE, LLC.	
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Principal Place of Business 5008 W LINEBAUGH AVE SUITE 43 TAMPA, FL 33624 US	Mailing Address 5008 W LINEBAUGH AVE SUITE 43 TAMPA, FL 33624 US
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02022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3861558	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GILER, JANICE 370 W DEARBORN STREET SUITE D ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
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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 PRESTON CONSTRUCTION, INC. OF CENTRAL FL 5008 WEST LINEBAUGH AVE SUITE 43 TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILER URBAN DEVELOPMENT, INC. 370 WEST DEARBORN STREET SUITE D ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULAND VENTURES, INC. 3808 WOODROFFE COURT TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SITTI VENTURES AND ENGINEERING, LLC. 230 FAREHAM DRIVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000718593
05/01/07-80029-003 50.00

DO NOT WRITE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/07 (813) 264-1997