

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90120 019 \*\*\*138.75

<b>DOCUMENT # L05000118738</b>						
<b>1. Entity Name</b> GREEN ACRE PARTNERS, LLC						
<b>Principal Place of Business</b> 4301 32ND STREET WEST, STE. B-20 BRADENTON, FL 34205 US			<b>Mailing Address</b> 4301 32ND STREET WEST, STE. B-20 BRADENTON, FL 34205 US			
<b>2. Principal Place of Business - No P.O. Box #</b> 6071 DEACON ROAD		<b>3. Mailing Address</b> 6071 DEACON ROAD				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008    Chg-LLC    CR2E083 (12/06)		
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b> SARASOTA, FL		<b>4. FEI Number</b> 20-3970688		
<b>Zip</b> 34238		<b>Country</b> U.S.A.		Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b> MORTON, PETER 4301 32ND STREET WEST, STE. B-20 BRADENTON, FL 34205			<b>7. Name and Address of New Registered Agent</b> Name: MORTON, PETER Street Address (P.O. Box Number is Not Acceptable): 6071 DEACON ROAD City: SARASOTA, FL    Zip Code: 34238			
<b>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.</b>						
SIGNATURE:		PETER MORTON, MGR    1/17/08		DATE		
<b>FILE NOW!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON, PETER 2401 ASHTON ROAD SARASOTA, FL 34231		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6071 DEACON ROAD SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 606, Florida Statutes.</b>						
<b>SIGNATURE:</b>		PETER MORTON    1/17/08		(941) 922-7582		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #		