

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000220

FILED  
Jul 06, 2008  
Secretary of State

Entity Name: ANNE GREEN LLC

**Current Principal Place of Business:**

1867 SILVERBELL TERRACE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1867 SILVERBELL TERRACE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 14-1945015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ZAPATA, HECTOR  
1867 SILVERBELL TERRACE  
WESTON, FL 33327      US

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: ZAPATA, HECTOR  
Address: 1867 SILVERBELL TERRACE  
City-St-Zip: WESTON, FL 33327

Title: MGRM      ( ) Delete  
Name: VASQUEZ, MARYANNE  
Address: 1867 SILVERBELL TERRACE  
City-St-Zip: WESTON, FL 33327

**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 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: HECTOR ZAPATA

CEO

07/06/2008

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