2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L06000017455

Entity Name: MARK S. GREENE, LLC

Current Principal Place of Business:

1752 HUNTINGTON LANE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 561401
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 51-0581562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENE, ANGELA D
1024 ORANGE WOODS BLVD.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: GREENE, MARK S
Address: 1024 ORANGE WOODS BLVD.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete
Name: GREENE, KENNETH J
Address: 1000 BOTANY LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete
Name: GREENE, JUSTIN D
Address: 5683 STAR RUSH DRIVE #301
City-St-Zip: VIERA, FL 32940 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: GREENE, JUSTIN D
Address: 5673 STAR RUSH DRIVE #302
City-St-Zip: VIERA, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK S. GREENE MGRM 04/18/2007

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