

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90214 004 \*\*\*\*55.00

**DOCUMENT #** L06000043221

**1. Entity Name**

**LG Home Products, LLC**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
**3300 NE-192 Street**

**3. Mailing Address**  
**3300 NE 192 Street**

Suite, Apt. #, etc.  
**913**

Suite, Apt. #, etc.  
**913**

City & State  
**Aventura**

City & State  
**Aventura**

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

**4. FEI Number** **65-1278363**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Lewis A. Green**

Street Address (P.O. Box Number is Not Acceptable)

**3300 NE 192 Street**

City **Aventura**

**FL**

Zip Code  
**33180**

**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 type: printed name of registered agent and fee if applicable.

**LEWIS A. GREEN, MANAGING MBR**

**DATE**

**02/27/07**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                                             |                                                |                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Managing Member / Lewis A. Green<br/>3300 NE 192 Street # 913<br/>Aventura, FL 33180</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**Lewis A. Green**

**02/27/07**

**(305) 395-3734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CR2E083B (12/02)