

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051546

Entity Name: GREEN CABLE LLC

FILED  
Mar 04, 2007  
Secretary of State

## Current Principal Place of Business:

ATTN: SAMUEL SCHWARTZ  
333 LAS OLAS WAY SUITE 1604  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

ATTN: SAMUEL SCHWARTZ  
333 LAS OLAS WAY SUITE 1604  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ, SAMUEL A  
400 ALTON ROAD  
802  
MIAMI BEACH, FL FL US

## Name and Address of New Registered Agent:

SCHWARTZ, SAMUEL A  
333 LAS OLAS WAY  
1604  
FORT LAUDERDALE, FL FL 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: SAMUEL A. SCHWARTZ

03/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROMBOLI, TODD M  
Address: 214 PLANTATION BLVD.  
City-St-Zip: ISLAMORADA, FL 33036

Title: MGR ( ) Delete  
Name: MCGUIRE, ERIN  
Address: 1823 NORTH WOLCOTT AVE.  
City-St-Zip: CHICAGO, IL 60622

## 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 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: SAMUEL A. SCHWARTZ

SCTY

03/04/2007

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