


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90190 029 \*\*\*\*50.00

**DOCUMENT # L06000054603**

1. Entity Name  
**GREEN PAW MANAGEMENT, LLC**



Principal Place of Business      Mailing Address

**10119 CANNON DR  
RIVERVIEW, FL 33569**      **10119 CANNON DR  
RIVERVIEW, FL 33569**

00001000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01042007    Chg-LLC    CR2E083 (12/06)

City & State      City & State

4. FEI Number      Applied For

**51-0583819**       Not Applicable

Zip      Country      Zip      Country

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

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

**HOFFMAN, JEFFREY J  
10119 CANNON DR  
RIVERVIEW, FL 33569**

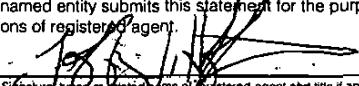
**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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:       DATE: **3/5/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

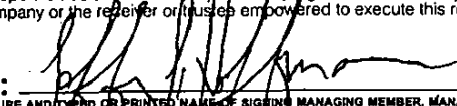
**9. MANAGING MEMBERS/MANAGERS**

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Jeffrey J. Hoffman	
STREET ADDRESS	10119 Cannon Drive	
CITY-ST-ZIP	Cannon Dr Riverview, FL 33569	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Delete
NAME	Shelly R. Hoffmann	
STREET ADDRESS	10119 Cannon Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:       DATE: **3/5/07**      DAYTIME PHONE: **813-966-8253**

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