

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

05-09-2007 90029 003 ****50.00

JUL 1 2007



DOCUMENT # L06000071185
 1. Entity Name
GREEN ACRE HOLDINGS, LLC



Principal Place of Business Mailing Address
 1851 NW 125TH AVE., #110 1851 NW 125TH AVE., #110
 PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
13-4343120 Not Applicable

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

6. Name and Address of Current Registered Agent
NORIEGA, CARL
1243 MANOR DR., SOUTH
WESTON, FL 33326

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARANO, P. ANTHONY II		NAME		
STREET ADDRESS	206 LAS FLORES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORIEGA, CARL		NAME		
STREET ADDRESS	1243 MANOR DR., SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE, BRIDGET		NAME		
STREET ADDRESS	317 W. HIGHLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Carl V* Date: 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #