



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90316 043 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L06000079759 1. Entity Name IBUILDGREEN L.L.C. | | | |  | |
| Principal Place of Business 12268 SAG HARBOR CT., #7 WELLINGTON, FL 33414 | | | Mailing Address 12268 SAG HARBOR CT., #7 WELLINGTON, FL 33414 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 1251 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State HUNTINGTOWN, MD | | 4. FEI Number 03-0604292 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 20639 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MARLOW, HOWARD 12268 SAG HARBOR CT., #7 WELLINGTON, FL 33414 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR MARLOW, JEFFREY P.O. BOX 1251 HUNTINGTON, MD 20639 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 4/25/07 Daytime Phone # 571-438-5037 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |