## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2008 08:00 AN Secretary of State **DOCUMENT # L07000013645** 1. Entity Name **GREEN & ASSOCIATES REAL ESTATE, LLC** Principal Place of Business Mailing Address **404 ORANGE STREET** P.O. BOX 275 OZONA, FL 34660 OZONA, FL 34660 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, DONNA M Street Address (P.O. Box Number is Not Acceptable) **404 ORANGE STREET OZONA, FL 34660** City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM IIILE Delete TITLE ☐ Change ☐ Addition GREEN, DONNA M NAME STREET ADDRESS **404 ORANGE STREET** STREET ADDRESS U00000942920 CITY-ST-ZIP OZONA, FL 34660 CITY - SY-ZIP -010 138.75 TITLE Delete THIE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THIS ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ИПF Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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.

City-St-ZiP

CITY-ST-ZIP

SIGNATURE:	man,	Green	Donna Green	5-1-	-2008	127-772-	8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime	Phone #	