

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L07000047059

1. Entity Name

GREEN APPLE GROUP, LLC.



FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90064 045 ***138.75



Principal Place of Business 694 TUSCORA DRIVE WINTER SPRINGS FL 32708 US	Mailing Address 1170 TREE SWALLOW DRIVE SUITE 317 WINTER SPRINGS FL 32708 US
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2. Principal Place of Business - No P.O. Box # 25541 Hwy. 46	3. Mailing Address 25541 Hwy. 46
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc. SUITE 2
City & State SORRENTO FL	City & State SORRENTO FL
Zip 32776	Country LAKE

1st MOORE CR2E083 (10/07)

4. FEI Number 20-8977408	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
NUTCHER, PAUL
694 TUSCORA DRIVE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
Name: BERNIE PISCZEK
Street Address (P.O. Box Number is Not Acceptable): 25541 RT. 46
SUITE 2
City: SORRENTO FL Zip Code: 32776

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: *Bernie Pisczek* BERNIE PISCZEK 02-12-08
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NUTCHER, PAUL 694 TUSCORA DRIVE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PISCZEK, BERNIE 10628 SUMMIT SQUARE DRIVE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bernie Pisczek* BERNIE PISCZEK 02-12-08 352-551-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #