

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073107

FILED
Mar 05, 2009
Secretary of State

Entity Name: GREEN ISLAND VENTURES, LLC

Current Principal Place of Business:

950 S. PINE ISLAND ROAD
SUITE A150
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 S. PINE ISLAND ROAD
SUITE A150
PLANTATION, FL 33324

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ROBERT, FULLERTON M MGR
950 S PINE ISLAND RD
A150
PLANTATION, FL 33324 US

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.

SIGNATURE: ROBERT FULLERTON

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MVP () Delete
Name: RAMNARINE, RAMCHAND
Address: 950 S. PINE ISLAND ROAD, SUITE A150
City-St-Zip: PLANTATION, FL 33324

Title: MS () Delete
Name: PATRICK, GABRIELLE
Address: 950 S. PINE ISLAND ROAD, SUITE A150
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: ROBERT, FULLERTON
Address: 950 S. PINE ISLAND ROAD, SUITE A150
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT FULLERTON

MGR

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date