


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90189 011 \*\*\*138.75

<b>DOCUMENT # L07000074168</b> 1. Entity Name <b>GREEN VIEW AT MIAMI GREEN, LLC</b>			
Principal Place of Business <b>1395 BRICKELL AVENUE</b> <b>900</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>1395 BRICKELL AVENUE</b> <b>900</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>370 Minorca Ave</b> Suite, Apt. #, etc.	
City & State <b>Coral Gables FL</b> Zip <b>33134</b>		City & State <b>Coral Gables FL</b> Zip <b>33134</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLLY, WILLIAM H</b> <b>1395 BRICKELL AVENUE</b> <b>900</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Ximena Berrios</b> Street Address (P.O. Box Number is Not Acceptable) <b>370 Minorca Ave</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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 <b>Ximena Berrios</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4.24.08</b>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> NAME <b>HOLLY, WILLIAM H</b> STREET ADDRESS <b>1395 BRICKELL AVENUE #900</b> CITY - ST - ZIP <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>370 Minorca Ave</b> NAME <b>Coral Gables FL</b> STREET ADDRESS <b>33134</b> CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGRM</b> NAME <b>MCCAMMON, ROBERT K</b> STREET ADDRESS <b>1395 BRICKELL AVENUE #900</b> CITY - ST - ZIP <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>370 Minorca Ave</b> NAME <b>Coral Gables FL</b> STREET ADDRESS <b>33134</b> CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4.24.08</b> Daytime Phone # <b>305 777 0300</b>	

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