


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90138 002 ***138.75

DOCUMENT # L07000102363

1. Entity Name
XTREME GREEN, LLC



Principal Place of Business Mailing Address

5105 DEER RUN DRIVE POBX 651366
 FORT PIERCE, FL 34951 US VERO BEACH, FL 32965

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02052008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

ATKINSON, ALISA
 5105 DEER RUN DRIVE
 FT PIERCE, FL 34951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

4. FEI Number
32-0218232

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 _____

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			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, ALISA		NAME	Thomas E. Atkinson	
STREET ADDRESS	5105 DEER RUN DRIVE		STREET ADDRESS	5105 DEER RUN DRIVE	
CITY-ST-ZIP	FT PIERCE, FL 34951		CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELTRA, KAREN		NAME	Ray Shetra	
STREET ADDRESS	7500 SPRING HAVEN ESTATES		STREET ADDRESS	7500 Spring Haven Estates	
CITY-ST-ZIP	INDIAN TOWN, FL 34956		CITY-ST-ZIP	Indian Town FL 34956	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Alexander V. Atkinson Alexander V. Atkinson 2/5/08 (772) 519-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #