

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111441

FILED
Apr 30, 2008
Secretary of State

Entity Name: CODE-GREEN DISTRIBUTORS, L.L.C.

Current Principal Place of Business:

11378 STRATHAM LOOP
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

PO BOX 837
ESTERO, FL 33928

New Mailing Address:

FEI Number: 11-3827393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONALD
11378 STRATHAM LOOP
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, DONALD
Address: 11378 STRATHAM LOOP
City-St-Zip: ESTERO, FL 33928

Title: CEOP () Delete
Name: JONES, DONALD
Address: 11378 STRATHAM LOOP
City-St-Zip: ESTERO, FL 33928

Title: MGR () Delete
Name: SALADINO, JEFF
Address: 8411 BOLEYAN ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: SALADINO, JEFF
Address: 8411 BOLEYAN ROAD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

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

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

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

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

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: DONALD JONES

CEOP

04/30/2008

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