

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017391

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** SOLID GREEN HOME BUILDERS, LLC

**Current Principal Place of Business:**

C/O FUDPUCKERS, 20001 EMERALD COAST PKWY  
DESTIN, FL 32541

**New Principal Place of Business:**

20001-A EMERALD COAST PARKWAY  
DESTIN, FL 32541

**Current Mailing Address:**

C/O FUDPUCKERS, 20001 EMERALD COAST PKWY  
DESTIN, FL 32541

**New Mailing Address:**

20001-A EMERALD COAST PKWY  
DESTIN, FL 32541

**FEI Number:** 26-2042052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DOWD, JOHN R. JR.  
285 HARBOR BLVD.  
SUITE A  
DESTIN, FL 325417305 US

**Name and Address of New Registered Agent:**

EDWARDS, TIMOTHY M  
20001-A EMERALD COAST PARKWAY  
DESTIN, FL 32541 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: TIMOTHY M. EDWARDS

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EDWARDS, TIM  
Address: C/O FUDPUCKERS, 200001 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EDWARDS, TIM  
Address: 20001-A EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL 32541

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: TIMOTHY M. EDWARDS

MGRM

04/16/2009

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