

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108826

Entity Name: GREEN DIAMOND CAPITAL, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

6165 NW 123RD LANE  
CORAL SPRINGS,, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6165 NW 123RD LANE  
CORAL SPRINGS,, FL 33076

**New Mailing Address:**

FEI Number: 26-4050546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOHN, ROBERT D  
6165 NW 123RD LANE  
CORAL SPRINGS, FL 33076 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: MGRM ( ) Delete  
Name: KOHN, ROBERT D  
Address: 6165 NW 123RD LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete  
Name: NELSON, BONNIE  
Address: 800 N OCEAN DR. 2ND FLOOR, R  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: SAMUELS, BRUCE P  
Address: 923 NE 26TH AVE.  
City-St-Zip: HALLANDALE BEACH, FL 33009

**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:

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 D. KOHN

MGRM

03/20/2009

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