2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002823

1. Entity Name

TRILET GREENS, L.L.C.



FILED Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90032 006 ****50.00

ı					COO WE THE							
936 THE EAST MALL			Mailing Address 936 THE EAST MALL TORONTO. ONT. CANADA M9B6J9				261/6/1 610	1841 (1851) (18 11) (18	. 44111 44111 41	11 5 11661 13115 1	(988 INI /26J	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI N	lumber	NOT APPL	ICABLE		oplied For	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent					
The state of the s							-,	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	HAR, VACL AUGUSTA			Street Addre			(P.O. Box Number is Not Acceptable)					
HOM	Mestead F	L 33035					•					
					City				FL	Zip Cod		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									DATE	,		
			EII E	NOWIII	FEE IS \$50.	ሰበ					1	
						- ** -					ļ	
				Make Check Payable to Florida Departr			te				1	
Due By Ma											.	
9. MANAGING MEMBERS/MANAGERS 1							-	ADDITIONS/	CHANGES			
TITLE	MGR		☐ Delete	TITL	F					☐ Change	Addition	
NAME		VACLÁV W	D00010	NAM								
STREET ADDRESS		GUSTA DRIVE			EET ADDRESS						i	
CITY-ST-ZIP		EAD FL 33035			-ST-ZIP						Ì	
	HOMEST	EMD LE 39099										
TITLE			☐ Delete	TITU						Change	☐ Addition	
NAME				NAM							ł	
STREET ADDRESS					ET ADDRESS			_				
CITY-ST-ZIP	- Super-	The state of the s		= . = = CITY	-ST-ZIP	·		• = • • • •	. ? ′			
TITLE			☐ Delete	TITU	E					Change	Addition	
NAME				NAM	E							
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE	E					Change	Addition	
NAME				NAM	E							
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP					•		
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME			20.000	NAM							_	
STREET ADDRESS					ET ADDRESS						1	
CITY-ST-ZIP					-ST-ZIP						Į	
-			□ Natas		-					□ Change	Addition	
TITLE			☐ Delete	TITLE	l l					☐ Change	Addition	
NAME STREET ADDRESS				NAM	,						ļ	
CITY-ST-ZIP					ET ADDRESS						[
UIT-31-Zir				CITY	-ST-ZiP							

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report lettrue 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: WILLIAM IN EVACUATION WE KUCHAR MARCH 19, 2003 416-6261200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #