


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000001488 1. Entity Name WILSON GREEN LAND LLC	
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Principal Place of Business 50 NORTH WATER STREET SOUTH NORWALK, CT 06854	Mailing Address 50 NORTH WATER STREET SOUTH NORWALK, CT 06854
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8612430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000878073
04/11/08-80057-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENFIELD WILSON LAND PARALLEL I LLC 50 NORTH WATER STREET SOUTH NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENFIELD WILSON LAND I LLC 50 NORTH WATER STREET SOUTH NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENFIELD WILSON LAND II LLC 50 NORTH WATER STREET SOUTH NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLETCHER MANAGEMENT COMPANY, LLC 1548 THE GREENS WAY, STE 4 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Fletcher Management Company, LLC 3/27/08 (904) 285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #