## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M97000000376** 

1. Entity Name

**GREEN BAY GREENS, LLC** 



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

1350 FOX RIVER DRIVE DE PERE, WI 54115 Mailing Address

1350 FOX RIVER DRIVE DE PERE, WI 54115



## DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

BIGHATURE AND TYPED OR PREFED NAME OF SIGNING MAN

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this prategnent 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 placed 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 U00000782030 01/15/08-80058-005 138.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, ED 1350 FOX RIVER DRIVE DE PERE, WI 54115	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
ITTLE - NAME STREET ADDRESS CITY-ST-ZiP		
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 employered to execute this report as required by Chapter 608, Florida Statutes.		

G MEMBER, OR AUTHORIZED REPRESENTATIVE