


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90031 022 \*\*\*\*50.00

DOCUMENT # L04000078751			
1. Entity Name GREENWORKS, LLC			
Principal Place of Business <del>3191 CORAL WAY SUITE 1005</del> MIAMI, FL 33145		Mailing Address 3191 CORAL WAY SUITE 1005 MIAMI, FL 33145	
2. Principal Place of Business 12590 SW 96 Street		3. Mailing Address 12590 SW 96 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33176	Country	Zip 33176	Country
4. FEI Number 20-2024813		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 GRUENINGER AND PUJOL, P.A. 3191 CORAL WAY SUITE 1005 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: Michael Bowler, Esq. Street Address (P.O. Box Number is Not Acceptable): 12590 SW 96 Street City: Miami FL Zip Code: 33176	
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: <i>Michael Bowler</i>		DATE: 4-3-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. MGR ADDITIONS/CHANGES	
TITLE: MGR	<input checked="" type="checkbox"/> Delete	TITLE: MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <del>GRUENINGER, SUSANA</del>		NAME: Michael Bowler, Esq.	
STREET ADDRESS: <del>3191 CORAL WAY, # 1005</del>		STREET ADDRESS: 12590 SW 96 Street	
CITY-ST-ZIP: MIAMI, FL 33145		CITY-ST-ZIP: Miami, FL 33176	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Michael Bowler</i>		DATE: 4-2-06 305 2982052	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	