

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY-MAY 1, 2007**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A25498
1. Entity Name
GREENE CANFIELD DEGEORGE LTD.



Principal Place of Business Mailing Address
**2074 WEAVER PARK DRIVE
CLEARWATER FL 33765** **2074 WEAVER PARK DRIVE
CLEARWATER FL 33765**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E003 (10/06)

City & State City & State

4. FEI Number Applied For
59-2844126 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RUNNELLS, KENT
101 MAIN ST
SUITE A
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	P97000083956 HOTEL BROKERS, INC. 2074 WEAVER PARK DR CLEARWATER FL 33765
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	CANFIELD, NOAH 2074 WEAVER PARK DRIVE CLEARWATER FL 33765
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	BRASH, HERBERT W 2074 WEAVER PARK DRIVE CLEARWATER FL 33765
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	BRASH, SCOTT D 2074 WEAVER PARK DRIVE CLEARWATER FL 33765
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY	
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000000688341
04/10/07-80076-015 500.00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **3/29/07** **727 447 8383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dyaltime Phone #