2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUME		A950	W W W	\mathbf{w}	/(NG
1 16 H .I IN/II—	IXI I ##	49 51	34 JE JU	H 11 F	/ MN
DODINE	1 W I TT		<i>-</i>	,,,	

1. Entity Name
GREEN ASSET MANAGEMENT, LTD.



FILED 03 APR 18 PM 2: 02

								0 FM 7:02			
Principal Place of Business 9155 S. DADELAND BLVD SUITE 1812 MIAMI FL 33156 Miami FL 33156 Mailing Address 9155 S. DADELAND BLVD S MIAMI FL 33156					SUITE 1	1812	SECRICAL INTERATION	Y STATISTICS SEE. FLERIO	A III iii ii		
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MA	Y 1, 200	3			
City & State City & State					4. FEi Number	65-0582912		Applied For Not Applicable			
Zip		Country	Z	ip	Coun	try	5. Certificate of	f Status Desired		8.75 Additional ee Required	
	6. Name	and Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent					
						Name					
	:Lizabeth / JTH Dadel					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 18	12										
MIAMI FL 33156.					City			FL	Zip Code		
	named entity ions of regist	y submits this statement fo ered agent.	r the p	urpose of changing its I	registere	ed office or registe	red agent, or both,	in the State of Florid	a. I am fa	miliar with, and accept	
SIGNATURE -	Signature, typed	or printed name of registered agent	and title if	applicable.					DATE		
9. Capital Contributions as Shown on record. \$3,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$3,000,000						SEE REVERSE	SIDE FOR	O FL. DEPT, OF STATE FEE INFORMATION			
		GENERAL PARTNER T General Partners MA								ner .	
12.		GENERAL PARTNER			13.	, un un endiner	it mast be med	ADDRESS CHANG			
DOCUMENT #		OLIVEITAL (78 TINE)		IIII/ (I COL)	1			ABBITEOG OF STATE	OLO OITE		
NAME	GREEN. H	ERSCHEL V			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ALEE O DADELAND DIAM OLUTE 4646				CITY	-ST-ZIP					
DOCUMENT #					STRE	ET ADDRESS		., .			
NAME	GREEN, N				Citic	ET PIDDITEGO	500016322935				
STREET ADDRESS CITY-ST-ZIP	44440 = 4445				CITY	-ST-ZIP	04/18/0301044008 **526.25				
DOCUMENT # NAME					STRE	ET ADDRESS	·				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME			•	•	STRE	ET AODRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME					STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP					
DOCUMENT # NAME					STRE	ET ADDRESS				*	
STREET ADDRESS CITY-ST-ZIP	li li				CITY	-ST-ZIP	-				

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03 (305)670-1000

Daytime Phone #