2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

H.F. GREEN, V.P.

FILED Mar 17, 2004 08:00 AM Secretary of State

4 Cotto ti	DOCUMENT # A98000000877 1. Entity Name GREEN FAMILY INVESTMENTS, LTD.					Secretary of State		
P.O. BOX	Principal Place of Business P.O. BOX 1568 ST. AUGUSTINE, FL 32085		Mailing Address P.O. BOX 1568 ST. AUGUSTINE, FL 33	2085				
2. Princip	2. Principal Place of Business		3. Mailing Address					
Suite, A	Suite, Apt #, etc.		Suite, Apt. #, etc.			01182004	Chg-LP	CR2E003 (10/03)
City & S	City & State		City & State			4. FEI Number 59-3504		Applied For Not Applicable
Zip	Zip Country		Zip				of Status Desired	S8.75 Additional Fee Required
	6. Name and	d Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
ODEEN		. .	*		Name			
2 CHAR	I, HENRY FRED RLES STREET GUSTINE, FL 3	-		Street Address (P.O. Box Number is Not Acceptable)				
	~~			City	FL Zip Code			
	ove named entity su ligations of registered		r the purpose of changing it	ts register	ed office or register	ed agent, or both	i, in the State of Fl	lorida. I am familiar wilti, and accept
SIGNATUE	RE Signature, typed or pri	Inted name of registered agent	and title if applicable.			<u> </u>	<u></u>	DATE
9. Capital as Sho	9. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital C in FLORIDA to date.					10		
	A GEN	IERAL PARTNER T	THAT IS A BUSINESS EI	NTITYM	000,000. ((UST BE REGIST n; an amendmen	TERED AND A	 CTIVE WITH TH i to change a g	HIS OFFICE.
12.		GENERAL PARTNE		13.			ADDRESS CH	
DOCUMENT # NAME	C.F. HAMBLE	•		STRE	EET ADDRESS			
STREET ADDRE	\$\$ F.O. BOX 1568 ST. AUGUSTINE, FL 32085		<u> </u>	CITY	r-ST-ZIP	U00000096167 03/25/04-80018-004 526.25		
DOCUMENT # NAME				STRE	EET ADDRESS		03/25/04-	-80018-004 526. <i>2</i> 5
STREET ADDRE				CITY	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
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STREET ADDRE	.22			CITY	Y-ST-ZIP			
NAME STREET ADDRE	FSS				EET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRE	ESS				EET ADDRESS Y-ST-ZIP	 		
CITY-ST-ZIP DOCUMENT #		, , P		_	EET ADDRESS			
STREET ADDRE	ESS			1	Y-ST-ZiP			
4	by certify that the infi ited on this report is ceiver or trustee emi	ormation supplied with true and accurate and powered to execute the	this filing does not qualify for that my signature shall have is report as required by One	or the exe e the sam upter 620	mption stated in Se le legal effect as if n Florida Statutes	ction 119.07(3)(i) nade under oath;	, Florida Statutes. that I am a Gener	. I further certify that the information rai Partner of the limited partnership of