


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001951**

1. Entity Name  
**EAST GREEN HILLS APARTMENTS, LTD.**



Principal Place of Business  
**6213 PARADISE POINT DR.  
 MIAMI, FL 33157**

Mailing Address  
**6213 PARADISE POINT DR.  
 MIAMI, FL 33157**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**31-6117227**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, LUIS M  
 6213 PARADISE POINT DR.  
 MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$350,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>315560</b>	STREET ADDRESS	
NAME	<b>KANKO DEVELOPMENT CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>6213 PARADISE POINT DR.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>		
DOCUMENT #		STREET ADDRESS	<b>000000363790</b>
NAME		CITY-ST-ZIP	<b>05/06/05-80013-029 535.00</b>
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **KANKO DEV. CO.** **4-26-05 - 301-988-0142**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_