

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

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000009**

1. Entity Name  
**GREENE INVESTMENT PARTNERSHIP, LTD.**



Principal Place of Business  
**51 WEST FLAGLER AVENUE, SUITE 205  
STUART, FL 34994**

Mailing Address  
**51 WEST FLAGLER AVENUE, SUITE 205  
STUART, FL 34994**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**03-0388424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, ROBERT E  
51 WEST FLAGLER AVENUE, SUITE 205  
STUART, FL 34994**

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

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. **3,000,000.00**

**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 # **P02000079161**  
NAME **GREENE MANAGEMENT, INC.**  
STREET ADDRESS **51 WEST FLAGLER AVENUE, SUITE 205**  
CITY-ST-ZIP **STUART, FL 34994**

STREET ADDRESS

CITY-ST-ZIP

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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)(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: **By Greene Management Inc**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-11-05**

Date

**772-287-2587**

Daytime Phone #

STAPLE CHECK HERE