

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000000009

1. Entity Name
GREENE INVESTMENT PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

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

02172006 Chg-LP CR2E003 (11/05)

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

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

7. Name and Address of New Registered Agent

Name **GARY L. GREENE**

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

51 W Flagler Ave, suite 205

City **Stuart**

FL

Zip Code **34994**

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]
 Signature, typed or printed name of registered agent and title if applicable.

2-16-06

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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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STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-16-06

Date

772-287-287

Daytime Phone #

STAPLE CHECK HERE