


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED ^{1111 25}
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A0200000623

1. Entity Name
17395 N. BAY ROAD, LLLP



Principal Place of Business
2601 S. BAYSHORE DRIVE, SUITE 1775
COCONUT GROVE, FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE, SUITE 1775
COCONUT GROVE, FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country



03192004 Chg-LP CR2E003 (10/03)

4. FEI Number
01-0674475

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

STANLEY, SHERRY A
2601 S. BAYSHORE DRIVE, SUITE 1775
COCONUT GROVE, FL 33133

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. **\$1,000.00**

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 #	F98000002984	STREET ADDRESS	
NAME	GREENSTREET MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1775		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ **3/19/04** **2058584225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #