


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

**FILED** <sup>1111 25</sup>  
**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			

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 #

STAPLE CHECK HERE