


2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 26 AM 9:40

DOCUMENT # A03000000436

1. Entity Name
GREENSTONE FLORIDA MANAGEMENT LIMITED PARTNERSHIP



Principal Place of Business
1370 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

Mailing Address
1370 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

2. Principal Place of Business
2200 South Ocean Lane

3. Mailing Address

Suite, Apt. #, etc.
1805

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

Zip
33316

Country
USA

Zip

Country

06272005 REIN-LP CR2E100 (6/04)

4. FEI Number
88-0504602

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AUGUST & KULUNAS, P.A.
250 AUSTRALIAN AVENUE SOUTH
1100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Neal W. Knight, Jr.

Street Address (P.O. Box Number is Not Acceptable)
321 Royal Poinciana Plaza South

City
Palm Beach

FL

Zip Code
33480

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 *Neal W. Knight, Jr.* DATE *7/25/05*

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

9. Capital Contributions as Shown on record. \$500.00

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 #		STREET ADDRESS	2200 South Ocean Lane #1805
NAME	KUNIGENAS, JOHN V	CITY-ST-ZIP	Ft. Lauderdale, FL 33316
STREET ADDRESS	1370 S. OCEAN BLVD.		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
DOCUMENT #		STREET ADDRESS	400057908744
NAME		CITY-ST-ZIP	07/26/05--01064--001 **750.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400057908744
NAME		CITY-ST-ZIP	07/26/05--01064--002 **532.50
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 04-05

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: *[Signature]* DATE: *7/1/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE