


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000436 1. Entity Name GREENSTONE FLORIDA MANAGEMENT LIMITED PARTNERSHIP		
Principal Place of Business 2200 SOUTH OCEAN LANE SUITE 1805 FT LAUDERDALE, FL 33316		

Mailing Address 2200 SOUTH OCEAN LANE SUITE 1805 FT LAUDERDALE, FL 33316	
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED
 06 MAY -1 PM 1:35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



04272006 Chg-LP CR2E003 (11/05)

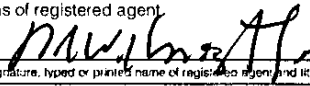
4. FEI Number 88-0504602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KNIGHT, NEAL W JR 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480	Name Neal W. Knight, Jr.
	Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way, Suite 321
	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 	DATE
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**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 #	KUNIGENAS, JOHN V 2200 SOUTH OCEAN LANE #1805 FT LAUDERDALE, FL 33316	STREET ADDRESS	9723 Via Grandezza West
NAME		CITY-ST-ZIP	Wellington, FL 33414
STREET ADDRESS			
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CITY-ST-ZIP			

188874759311
 05/17/06--01025--016 **500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 4/28/06 Daytime Phone # 321-797-4545
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STAPLE CHECK HERE