

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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**

2. Principal Place of Business - No P.O. Box #
18558 SW 46th STREET
 Suite, Apt. #, etc.

3. Mailing Address
18558 SW 46th STREET
 Suite, Apt. #, etc.

City & State
MIRAMAR, FL
 Zip
33029

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MIRAMAR, FL
 Zip
33029

04022007 Chg-LP CR2E003 (12/06)

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

**KNIGHT, NEAL W JR
 340 ROYAL POINCIANA WAY, SUITE 321
 PALM BEACH, FL 33480**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**KUNIGENAS, JOHN V
 9723 VIA GRANDEZZA WEST
 WELLINGTON, FL 33414**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
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 CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
18558 SW 46th STREET
 CITY-ST-ZIP
MIRAMAR, FL 33029

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

**300102730083
 05/17/07--01039--016 ***508.75**

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

3/12/07

Date

Daytime Phone #

FILED

2007 APR 30 AM 9:23

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE