

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:48

**DOCUMENT # A03000000436**

1. Entity Name  
**GREENSTONE FLORIDA MANAGEMENT LIMITED PARTNERSHIP**



Principal Place of Business  
**18558 SW 46TH ST.  
 MIRAMAR, FL 33029**

Mailing Address  
**18558 SW 46TH ST.  
 MIRAMAR, FL 33029**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**C/O Huntington National Bank  
 3801 PGA Blvd.,  
 Suite, Apt. #, etc.  
 Suite 900**



02052008 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, FL**

4. FEI Number  
**88-0504602**

Applied For  
 Not Applicable

City & State

City & State  
**Palm Beach Gardens, FL**

Zip

Country

Zip  
**33410**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Neal W. Knight Jr.**  
 Street Address **C/O Huntington National Bank  
 3801 PGA Blvd., Suite 900**  
 City **Palm Beach Gardens FL 33410**

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.

March 6, 2008

DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2008, 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 #  
 NAME **KUNIGENAS, JOHN V**  
 STREET ADDRESS **18558 SW 46TH STREET**  
 CITY-ST-ZIP **MIRAMAR, FL 33029**

STREET ADDRESS  
 CITY-ST-ZIP  
**900120876999  
 03/21/08--01006--011 \*\*508.75**

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 CITY-ST-ZIP

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

March 6, 2008

Date

Daytime Phone #

(954) 441-1837

STAPLE CHECK HERE