


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 4, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001456		
1. Entity Name 4600 SHERIDAN HOLLYWOOD, LLLP		

Principal Place of Business 2601 S. BAYSHORE DRIVE STE. 1775 COCONUT GROVE, FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE STE. 1775 COCONUT GROVE, FL 33133
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2. Principal Place of Business 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite # 800 City & State Coconut Grove FL Zip 33133 Country	3. Mailing Address 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite # 800 City & State Coconut Grove FL Zip 33133 Country
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04072005 Chg-LP CR2E003 (10/03)

4. FEI Number	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 STANLEY, SHERRY A 2601 S. BAYSHORE DRIVE STE. 1775 COCONUT GROVE, FL 33133	7. Name and Address of New Registered Agent Name Stanley, Sherry A. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive, Suite 800 City Coconut Grove FL Zip Code 33133
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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. Stanley, Sherry A. Stanley	DATE 4/25/2005
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9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	NAME GREENSTREET MANAGEMENT, INC.	STREET ADDRESS 2601 S. Bayshore Drive, Suite 800	
STREET ADDRESS 2601 S. BAYSHORE DRIVE STE. 1775		CITY-ST-ZIP Coconut Grove, FL 33133	
CITY-ST-ZIP COCONUT GROVE, FL 33133			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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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: Jeffrey A. Sachlik Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE 4/25/2005	DAYTIME PHONE # 305-858-4225
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