

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 FEB 17 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000001777					
1. Entity Name THE C. GREEN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3321 SABLE PALM LANE VERO BEACH, FL 32963			Mailing Address 3321 SABLE PALM LANE VERO BEACH, FL 32963		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2075736	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN, CALVIN E 321 SABLE PALM LANE VERO BEACH, FL 32963			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions - As Shown on record. \$200,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$219,009.75		
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		STREET ADDRESS		
NAME	GREEN, CALVIN E		CITY-ST-ZIP		
STREET ADDRESS	321 SABLE PALM LANE				
CITY-ST-ZIP	VER BEACH, FL 32963				
DOCUMENT #	NAME		STREET ADDRESS	500046720725	
NAME			CITY-ST-ZIP	02/17/05--01004--014 **526.25	
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STREET ADDRESS					
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: 			Date: 1/26/05 (212) 697-8699		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE