A05000001104

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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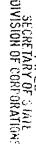
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2006

LATRICE TOWNS
GREENSTREET PARTNERS
2601 SOUTH BAYSHORE DRIVE SUITE 800
COCONUT GROVE, FL 33133

SUBJECT: GREENSTREET REALTY MANAGEMENT, LLLP

Ref. Number: A05000001104

SECRETARY OF STATE OF STATE OF CORPORATION

We have received your document for GREENSTREET REALTY MANAGEMENT, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 206A00020287

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Greenstreet Realty (Name of Limited Partnership or Limited)	Management, LLLP	
(Name of Limited Partnership of Lim	illed Liability Limited Partnership)	
DOCUMENT NUMBER: A050000110	4	
The enclosed Statement of Change of Register fee(s) are submitted for filing.	red Office and/or Registered Agent and	
Please return all correspondence concerning the	nis matter to:	
LATRICE M TOWNS		
(Contact Person)		
Greenstreet Partners		
(Firm/Company)		
2601 SOUTH BAYSHORE DRIVE		
SUITE 1800s)		
MIAMI, FL 33133		
(City, State and Zip Code)		
For further information concerning this matter	, please call:	
Latrice Towns a	t(<u>305</u>) 868-4225	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the	ne Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Greenstreet Realty Management, LLLP	_	
Name of Limited Parthership or Limited Liability Limited Partnership		
2. 616/2065 Date of filing/registration in Florida 3. A050000 1104 Florida document number	_	
4. The name of the registered agent and the registered office address as shown on the records of the Flori Department of State:	da	
Sherry A. Stanley		
Name		
2601 S. Bayshore Dr. Suite 800 Address		
City, State and Zip		
5. The name and Florida street address of the new registered agent and/or office:	2006	DIVISI
Victor Corral Name	2006 APR -3	왕
7601 5. Bayshore Dr. Swite 800 Florida street address (P.O. Box not acceptable)	₽	RY OF STA
City, State and Zip	4: 53	TATE ATTON:
6. Such change(s) is/are effective when filed by the Florida Department of State.		
Signature of General Partner		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the pravisions of all statutes felative to the proper and complete performance of my duties, and I am familiar with an accept the offigations of my position as registered agent.		
Signature of Registered Agent		
Filing Fee: \$35.00 Certified Copy (optional): \$52.50		