

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                    |         |                                                                                        |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A12211</b><br>1. Entity Name<br><b>GREEN DATRAN CENTER, LTD.</b>                                                                                                                                                |                                    |         |                                                                                        |                                  |  |
| Principal Place of Business<br><b>9155 S. DADELAND BLVD., SUITE 1812</b><br><b>MIAMI, FL 33156</b>                                                                                                                            |                                    |         | Mailing Address<br><b>9155 S. DADELAND BLVD., SUITE 1812</b><br><b>MIAMI, FL 33156</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.                                                                                                                                                                          |                                    |         | 3. Mailing Address<br>Suite, Apt #, etc.                                               |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                    |         | City & State                                                                           |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                    | Country |                                                                                        | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                       |                                    | Country |                                                                                        | 4. FEI Number<br><b>52-1299692</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                    |         |                                                                                        | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>GREEN, ELIZABETH A., ESQ.</b><br><b>9155 SOUTH DADELAND BLVD.</b><br><b>SUITE 1812</b><br><b>MIAMI, FL 33156</b>                                                        |                                    |         |                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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. |                                    |         |                                                                                        | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                     |                                    |         |                                                                                        |                                                                                                                   |  |
| 9. Capital Contributions as Shown on record. <b>\$1,000,980.00</b>                                                                                                                                                            |                                    |         | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000,980.00</b>          |                                                                                                                   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                    |         |                                                                                        |                                                                                                                   |  |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                               |                                    |         | 13. ADDRESS CHANGES ONLY                                                               |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    | F89870                             |         | STREET ADDRESS                                                                         |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          | GREEN DATRAN CNTR.CORP.            |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 9155 S. DADELAND BLVD., SUITE 1812 |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MIAMI, FL 33156                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                    |         | STREET ADDRESS                                                                         |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                    |         | STREET ADDRESS                                                                         |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                    |         | STREET ADDRESS                                                                         |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                    |         | STREET ADDRESS                                                                         |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |         | CITY-ST-ZIP                                                                            |                                                                                                                   |  |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

By: *Elizabeth A. Green*

By: Elizabeth A. Green, Vice President

4-15-05

Date

Ext. 110

(305) 670-1000

Daytime Phone #