

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

SECURITY DIVISION  
06 FEB -8 AM 10:54

DOCUMENT # A14514

1. Entity Name  
GREEN-EAST #2 LIMITED



Principal Place of Business  
1200 BRICKELL AVE., SUITE #1500  
MIAMI, FL 33131

Mailing Address  
1200 BRICKELL AVE., SUITE #1500  
MIAMI, FL 33131

2. Principal Place of Business  
801 Arthur Godfrey Road

3. Mailing Address  
801 Arthur Godfrey Road

Suite, Apt. #, etc.  
600

Suite, Apt. #, etc.  
600

09272005 REIN-LP CR2E100 (6/04)

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number  
59-2289460

Applied For  
Not Applicable

Zip  
33140

Country  
USA

Zip  
33140

Country  
USA

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

6. Name and Address of Current Registered Agent

EASTON, EDWARD W.  
10165 NW 19TH STREET  
MIAMI, FL 33172

7. Name and Address of New Registered Agent:

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$1,400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # P92000012963  
NAME 7900 BISCAYNE CORP.  
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY  
CITY-ST-ZIP MIAMI, FL 33146

DOCUMENT # 458196  
NAME EDWARD W. EASTON & COMPANY, INC.  
STREET ADDRESS 10165 NW 19TH STREET  
CITY-ST-ZIP MIAMI, FL 33172

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
800066120248  
02/17/06--01010--003 \*\*1035.00

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 05-06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE