


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A17423			
1. Entity Name GREEN MEADOWS APARTMENTS, LTD.			
Principal Place of Business 944 STRONG RD. QUINCY, FL 32351		Mailing Address PO BOX 186 MELROSE, FL 32666	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 10293	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
33757	USA	33757	USA
03232005 Chg-LP		CR2E003 (10/03)	
4. FEI Number 59-2790730		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUGGAN, MALCOLM R 334 N.W. 3RD AVE. OCALA, FL 34475-8817		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$54,150.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DUGGAN, MALCOLM R JR.	CITY-ST-ZIP	
STREET ADDRESS	334 NW 3RD AVENUE		
CITY-ST-ZIP	OCALA, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRANCH, GREGORY C	CITY-ST-ZIP	
STREET ADDRESS	334 NW 3RD AVENUE		
CITY-ST-ZIP	OCALA, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: <i>Malcolm R. Duggan</i>		Date: 4/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
Malcolm R. Duggan,			

STAPLE CHECK HERE

800054287788
05/11/05--01043--025 ***482.50