## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION **AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

Name of Limited Partnership

**DOCUMENT #** A19408

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

GREEN MEADOWS ASSOCIATES, LTD. 58. Capital Contributions as Shown on record. 3. Date Formed or Registered Mailing Address Principal Office Address 03/19/1985 % EDMOND J. GONG. ESQ. % EDMOND J. GONG, ESQ. \$77,144.06 6161 BLUE LAGOON DR., SUITE 270 6161 BLUE LAGOON DR., SUITE 270 3a. Date of Last Report MIAMI FL 33126 MIAMI FL 33126 04/09/1996 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-2506283 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Ζφ Country 8. Make check payable to: Dept. of State (See reverse side for fee Information) 9. Name and Address of Current Registered Agent If changed, new Registered Agent/Office Name GONG, EDMOND J., ESQ. Street Address (P.O. Box Number Is Not Acceptable) 6161 BLUE LAGOON DR., SUITE 270 **MIAMI FL 33126** Suite, Apt. #, etc. City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.195, Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Number 11c. 11. Name(s) of General Partner(s) 11b. City, State & Zip Code INFLAHEDGE RESOURCES FUND % 6161 BLUE LAGOON DR **MIAMI FL 33126** 823635 500002126275---03/27/97--01098--026 \*\*\*\*541.25 \*\*\*\*541.25

General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this eport as required by chapter 620, for ideal Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

moND J. GONG Daytime Telephone Number (305)

A22921

