FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A19408

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



GREEN MEADOWS ASSOCIATES, LTD.							
Mailing Address % EDMOND J. GONG. ESO. 6161 BLUE LAGOON DR SUITE 270 MIAMI FL 33126	Principal Office Address % EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126			. Date Formed or Registered 03/19/1985 a. Date of Last Report 11/25/1997	5a. Capital Contributions as Shown on record. \$164,946.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			State or Country of Formation	\$164,946		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6	FEI Number	Applied For Not Applicable		
City & State	City & State		7	59-2506283 Certificate of Status Desired	\$8.75 Additional		
Zip Country	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			-
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
GONG, EDMOND J., ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					-
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	stered agent, or both, in the State of Florid section 620.192, Florida Statutes. S A CORPORATION, L BE REGISTERED ANI	In Such change	was authorize	d by its general partner(s). I hereby	accept the ap	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
INFLAHEDGE RESOURCES FUND	% 6161 BLUE LAGOON DR		MIAMI	823635 5000027430953 -01/15/9301012002 *****526.25			CR2E003 (8/98)
Note: General partners MAY NOT by 12. I do hereby certify that the information supplied with this: Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this aport as required by chapter	illing is voluntarily furnished and does not oction 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	qualify for the exe	emption stated d is deemed er	in Section 119.07(3)(k), Florida Sta xempt from public access. I further o	lutes. I releas	se the Division of information indicated on	
Typed or Printed Name of General Partner Signing Form	grows J.C	SONC	<u> </u>	Daytime Telephone Number 30	5)-26	1-6227	