2002 UNIFORM BUSINESS REPORT (UBR)

000000 AT

DOCUMENT # A19408

FILED
02 APR 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

GREEN MEADOWS ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126	% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-2506283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONG, EDMOND J., ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$164,946.00	$164,946.00	

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 #	823635	STREET ADDRESS	
NAME	INFLAHEDGE RESOURCES FUND	CITY-ST-ZIP	
STREET ADDRESS	% 6161 BLUE LAGOON DRIVE STE. 270		200005289882--0
CITY-ST-ZIP	MIAMI FL 33126		-04/17/02--01064--012
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: Edmond Gong President
EDMOND J. GONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02 (305) 261-6222
Date Daytime Phone #