


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A19408	
1. Entity Name GREEN MEADOWS ASSOCIATES, LTD.	

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



2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

State, Apt. #, etc.	State, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2506283	Accepted For Not Applicable
------------------------------------	--------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

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

9. Capital Contributions as Shown on record \$184,948.00	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 # 823835	NAME INFLAMEGEE RESOURCES FUND	STREET ADDRESS	
STREET ADDRESS % 6161 BLUE LAGOON DRIVE STE. 270	CITY-ST-ZIP MIAMI, FL 33126	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	000000131183 04/27/04-80003-009 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 118.07(3)(j), 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 J. Gong **Edmond J. GONG** 4/13/04 (303) 261-6222