

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA **MJB**

**DOCUMENT # A19408**

1. Entity Name  
**GREEN MEADOWS ASSOCIATES, LTD.**



Principal Place of Business <b>% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126</b>	Mailing Address <b>% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number <b>59-2506283</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$164,946.00**

10. Amount of Capital Contributions in FLORIDA to date **\$164,946.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	<b>823635</b>
NAME	<b>INFLAHEDGE RESOURCES FUND</b>
STREET ADDRESS	<b>% 6161 BLUE LAGOON DRIVE STE. 270</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800017332888</b>
CITY-ST-ZIP	<b>04/29/03--01095--006 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Edmond J. Gong* **4/16/03** **305-261-6222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)