

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



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
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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 59-2506283	Applied For Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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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
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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.
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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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
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # 823635	NAME INFLAHEDGE RESOURCES FUND	STREET ADDRESS	
STREET ADDRESS % 6161 BLUE LAGOON DRIVE STE. 270		CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL 33126			800017332888
DOCUMENT #	NAME	STREET ADDRESS	04/29/03--01095--006 **526.25
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			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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
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SIGNATURE:  4/16/03 305-261-6222	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (10/02)