

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May³¹, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000921

1. Entity Name
GREEN FAMILY LIMITED PARTNERSHIP I



Principal Place of Business
**5700 70TH AVENUE NORTH
PINELLAS PARK, FL 33781**

Mailing Address
**5700 70TH AVENUE NORTH
PINELLAS PARK, FL 33781**



01172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3273891

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREEN, MARGIE R
5700 70TH AVENUE NORTH
PINELLAS PARK, FL 33781**

**DO NOT WRITE
IN THIS SPACE**

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000831251
02/27/08-80011-007 500.00

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

DOCUMENT #	
NAME	GREEN, MARGIE R
STREET ADDRESS	5700 70TH AVENUE NORTH
CITY - ST - ZIP	PINELLAS PARK, FL 33781
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Margie R. Green Margie R. Green 1/22/08 727-545-9555