## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400001396** 

OIVISION OF CORPORATIONS

98 JAN -5 PM 12: 35



12-29-97

954-524-5336

Daytime Telephone Number

GREEN ISLE PARTNERS LTD., S.E. **5a.** Capital Contributions as Shown on record. Mailing Address Principal Office Address 10/14/1994 450 E. LAS OLAS BLVD., SUITE 700 450 E. LAS OLAS BLVD., SUITE 700 \$22,875,000.00 FT. LAUDERDALE FL 33301 3a. Date of Last Report FT. LAUDERDALE FL 33301 **5b.** Amount of Capital Contributions in FLORIDA to date: 01/31/1997 4. State or Country of Formation 2. Malling Address 2a. Principal Office Address 22,875,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0524813 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office STIRK, ROBERT 450 E. LAS OLAS BLVD., SUITE 700 435 - 010FT. LAUDERDALE FL 33301 Suite, Apt. #, etc. \*\*\*\*541.25 \*\*\*\*541.25 City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) \_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number GREEN ISLE - GP, LTD., S.E. 450 E. LAS OLAS BLVD. FT. LAUDERDALE FL 333 A95000001958 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Robert J. Stirk