

# 2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

**DOCUMENT # A94000001396**

1. Entity Name  
**GREEN ISLE PARTNERS LTD., S.E.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 APR 20 PM 6:31**

Principal Place of Business  
**1555 NORTH PARK AVE., SUITE 1010  
WESTON FL 33326**

Mailing Address  
**1555 NORTH PARK AVE., SUITE 1010  
WESTON FL 33326-3228**



2. Principal Place of Business <b>1555 North Park Drive Suite, Apt. #, etc. Suite 101 City &amp; State Weston, FL Zip 33326</b>		3. Mailing Address <b>1555 North Park Drive Suite, Apt. #, etc. Suite 101 City &amp; State Weston, FL Zip 33326</b>	
Country <b>USA</b>	Country <b>USA</b>		

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0524813** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSEN, LAWRENCE N ESQ.  
C/O LAWRENCE N. ROSEN, P.A.  
2925 AVENTURA BLVD., SUITE 308  
AVENTURA FL 33180**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$22,875,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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>A95000001958</b>
NAME	<b>GREEN ISLE - GP, LTD., S.E.</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., SUITE 700</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33301</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>1555 North Park Drive, Suite 101</b>
CITY - ST - ZIP	<b>Weston, FL 33326</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003216240--6 -04/20/00--01041--001 ***1387.50 ****535.00</b>
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: [Signature] SIGNATURE REQUIRED** **David Ross** **(954) 389-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #