

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

001461 AT

DOCUMENT # A94000001396

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 29 PM 3:48

WLC
1/30

Principal Place of Business
1555 NORTH PARK DRIVE, SUITE 101
WESTON FL 33326

Mailing Address
1555 NORTH PARK DRIVE, SUITE 101
WESTON FL 33326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0524813**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, LAWRENCE N ESQ.
C/O LAWRENCE N. ROSEN, P.A.
~~2925 AVENTURA BLVD., SUITE 308~~
AVENTURA FL 33180**

Name **Rosen, Lawrence N. Esq.**
Street Address (P.O. Box Number is Not Acceptable)
21170 NE 22 CT
City **N. MIAMI BEACH** FL Zip Code **33180**

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 *Lawrence N. Rosen*
Signature, typed or printed name of registered agent and title if applicable.

DATE **1/20/03**

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A95000001958**
NAME **GREEN ISLE - GP, LTD., S.E.**
STREET ADDRESS **1555 NORTH PARK DRIVE, SUITE 101**
CITY-ST-ZIP **WESTON FL 33326**

STREET ADDRESS

CITY-ST-ZIP

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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.

**GREEN ISLE - GP LTD., S.E. A FLORIDA LIMITED PARTNERSHIP,
AS GENERAL PARTNER**

SIGNATURE: *Jeffrey M. Levine* PRESIDENT 1/9/03 954-389-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)