

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # A95000000796

1. Entity Name

GREEN ASSET MANAGEMENT, LTD.



Principal Place of Business

9155 S. DADELAND BLVD., SUITE 1812
MIAMI, FL 33156

Mailing Address

9155 S. DADELAND BLVD., SUITE 1812
MIAMI, FL 33156



04012008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0582912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQ.
9155 SOUTH DADELAND BLVD.
SUITE 1812
MIAMI, FL 33156

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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

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
STREET ADDRESS
CITY - ST - ZIP
GREEN, HERSCHEL V
9155 S. DADELAND BLVD, SUITE 1812
MIAMI, FL 33156

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GREEN, NANCY
9155 S. DADELAND BLVD., SUITE 1812
MIAMI, FL 33156

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GREEN, ELIZABETH A
9155 S. DADELAND BLVD., SUITE 1812
MIAMI, FL 33156

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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05/05/08-80042-003 500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/08

Date

(305) 670-1000

Daytime Phone #

STAPLE CHECK HERE