

2001 UNIFORM BUSINESS REPORT (UBR)

0005206 AF

DOCUMENT # **A95000001012**

1. Entity Name
GREEN DIVERSIFIED, LTD.

FILED

01 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7700 NORTH KENDALL DRIVE, SUITE 200
MIAMI FL 33156**

Mailing Address
**7700 NORTH KENDALL DRIVE, SUITE 200
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0592202

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

**GREEN, ELIZABETH A ESQUIRE
7700 NORTH KENDALL DRIVE, SUITE 200
MIAMI FL 33156**

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

9. Capital Contributions as Shown on record. **\$3,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$3,000,000.00** 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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GREEN, HERSCHEL V
7700 NORTH KENDALL DRIVE, SUITE 200
MIAMI FL 33156**

STREET ADDRESS
CITY - ST - ZIP
**000004271710--8
05/18/01 01106-004
***526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GREEN, NANCY
7700 NORTH KENDALL DRIVE, SUITE 200
MIAMI FL 33156**

STREET ADDRESS
CITY - ST - ZIP

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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: **HERSCHEL V. GREEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Herschel V. Green, General Partner

4/24/01 (305)670-1000
Date Daytime Phone #

CR2E003 (11/00)