DOCU		00001012				•		
GREEN DIVERSIFIED, LTD.						FILED		
Principal Place of Business 9155 S. DADELAND BLVD SUITE 1812 MIAMI FL 33156		Mailing Address 9155 S. DADELAND BLVD SUITE 1812 MIAMI FL 33156				O2 APR 18 PM 2: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State		City & State			4. FEI Number	65-0592202	Applied For Not Applicat	_
Zip Country		Zip			5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
****	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Registered	d Agent	\exists
GREEN, ELIZABETH A ESQUIRE 7700 NORTH KENDALL DRIVE, SUITE 200 MIAMI FL 39156 ← ○K				Street Address 9155.5 Suite City	Zip Code			
SIGNATURE Gapital Coas Shown of	Signature typed of printed name of registered agenometributions on record. \$3,000,000.00	at and title if applicable. 10. Amount of Capit in FLORIDA to d	al Contri	ibutions 3,000,0	00	DATE 11. MAKE CHECK PAYABI SEE REVERSE SIDE F	17/02 LE TO DEPT. OF STATE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	ITITY N he forn	MUST BE REGI: n; an amendm	STERED AND AG ent must be filed	CTIVE WITH THIS OFFIC I to change a general pa	CE. artner.	
12.	GENERAL PARTNE		13.			ADDRESS CHANGES ON		CR2E003 (9/04)
DOCUMENT # NAME STREET ADDRESS CETY-ST-ZIP	GREEN, HERSCHEL V 9155 S. DADELAND BLVD., SUITE 1812 MIAMI FL 33156			EET ADDRESS /-ST-ZIP	<u> </u>			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GREEN, NANCY 9155 S. DADELAND BLVD., SUITE 1812 MIAMI FL 33156			EET ADDRESS	ADDRESS -04/26/0201003009 ****526.25 ****526.25			
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZiP				
DOCUMENT # NAME STREET ABORESS			STRE	ET ADDRESS	**************************************			
CITY-ST-ZIP				-ST-ZIP				
14. I hereby c indicated the receive	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	n this filing does not qualify for I that my signature shall have t is report as required by Chapt	the exer he same er 620. F	mption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), made under oath; t	Florida Statutes. I further ce hat I am a General Partner o	rtify that the information f the limited partnership o	or

4/17/02 (305) 670-1000 Date Caytime Phone #