2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED Apr 26, 2007 08:00 AM Secretary of State

DOCL	IMENT:	# A9500	00001012
DUUU	JIVILIVI	#/\UU\	JUUU 1 U 1 E

GREÉN DIVERSIFIED, 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



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LP	CR2E003 (12/06)
4 EEI Number	Applied Fo

65-0592202 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQUIRE 9155 SOUTH DADELAND BLVD. **SUITE 1812**

DO NOT WRITE

MIAMI, FL	33156	IN THIS SPACE	
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		
		IUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. n; 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	U00000735387 05/10/07-80031-018 500.	

00

DO NOT WRITE IN THIS SPACE

DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STRLLT ADDRESS CITY ST-ZIP

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 is required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

(305)670-1000