2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001012

GREEN 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

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



04152008 No Chg-LP

CR2E003 (12/06)

5	Certificate of Status Desired		\$8.75	Additional
	65-0592202		Γ	Not Applicable
4.	FEI Number		Applied For	

6. Name and Address of Current Registered Agent

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

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	<u> </u>				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.	n, 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, 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,

	NOTE: Celleral Fathers may NOT be challged on the				
	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT # NAML 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-S7-ZIP				
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	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS				

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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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER