2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500001958 1. Entity Name							eren F	ll En		
GREEN ISLE - GP, LTD., S.E.							DI SECRETAL DI VISTON OF	RY OF SI CORPOR	ATE: ATIONS	
							00 APR 20	Du c		
Principal Place of Business Mailing Address					1		- 1.20	rn 6:	33	
1555 NORTH PARK AVE SUITE 101				UI	ļ		•			
TEGION 12 SOLES						118	#1#11 1#1# 1#1#1 #1111 ##11 ##11	6 Billi 6 Billi 8 G (G)	11912 (B1E) B1(\$1 1811 (BB)	
2. Principal Place of Business 3. Mailing Address						111	01041 1010 10404 D4114 D0141 U0411	OCIIS COIN OCIUI	ANDIO NELON OLION NELL HORE	
	rth Park Drive	1555 North Park Drive								
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite 1 City & Stat	e	Suite 101 City & State			4.	. FEI Nun	nber or oo to co		Applied For	
Weston,		Weston, FL					65-0648596		Not Applicable	
Zip Country		Zip Country		itry	5.	. Certifica	ate of Status Desired		.75 Additional Required	
33326	USA 6. Name and Address of Current I	33326	USA	F	7	Name a	nd Address of New Reg		,	
	O. Name and Address of Current	legistered Agent		Name		· Hame p	na radioso oi itoli ilog	notorou Ago.	<u></u>	
ROSEN, LAWRENCE N ESQ.					Street Address (P.O. Box Number is Not Acceptable)					
C/O LAWRENCE N. ROSEN, P.A.				Sileel AC	JUIESS (F.O.	. DOX INDII	iber is Not Acceptable)			
2925 AVENTURA BLVD., SUITÉ 308										
AVENTURA FL 33180				City FL Zip Code					Zip Code	
*							hath in the Otata of Floris			
8. The above	named entity submits this statement for	the purpose of changing its r	registere	ea office or	registered a	agent, or i	ooth, in the state of Flork	ıa.		
SIGNATURE .										
	Signature, typed or printed name of registered agent a				re required when	n reinstating)	The BRIGHT OUT OF	DATE	APOT OF OTATE	
Capital Co as Shown		 Amount of Capita in FLORIDA to da 		butions			11. MAKE CHECK SEE REVERSE		DEPT. OF STATE	
1	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	FITY M e form	UST BE R	REGISTER	ED AND	ACTIVE WITH THIS iled to change a gen	OFFICE. eral partne	r.	
12.	GENERAL PARTNER	INFORMATION	13.				ADDRESS CHAN	IGES ONLY		
DOCUMENT #	G96095900013		STRE	EET ADDRESS	1555	Nowth	Dark Drive	Cuito 1	107	
NAME STREET ADDRESS	GREEN ISLE JV, S.E. 450 E. LAS OLAS BLVD., STE. 700			ŀ	1333	55 North Park Drive, Suite 101				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY	-ST-ZIP	Westo	n, FI	33326			
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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										

ENTURE REQUIREDavid Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

04/19/00

Date

(954) 389-7100

Daytime Phone #