

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001958**

1. Entity Name

GREEN ISLE - GP, LTD., S.E.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 PM 6:33

Principal Place of Business

**1555 NORTH PARK AVE., SUITE 101
WESTON FL 33326**

Mailing Address

**1555 NORTH PARK AVE., SUITE 101
WESTON FL 33326-3228**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1555 North Park Drive

3. Mailing Address

1555 North Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Weston, FL

Weston, FL

4. FEI Number

65-0648596

Applied For

Not Applicable

Zip

Country

33326

USA

Zip

Country

33326

USA

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

**ROSEN, LAWRENCE N ESQ.
C/O LAWRENCE N. ROSEN, P.A.
2925 AVENTURA BLVD., SUITE 308
AVENTURA FL 33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$25,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G96095900013**
NAME **GREEN ISLE JV, S.E.**
STREET ADDRESS **450 E. LAS OLAS BLVD., STE. 700**
CITY - ST - ZIP **FT. LAUDERDALE FL 33301**

STREET ADDRESS **1555 North Park Drive, Suite 101**
CITY - ST - ZIP **Weston, FL 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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David Ross

04/19/00

(954) 389-7100

Date

Daytime Phone #