

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001958**

1. Entity Name

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

Principal Place of Business

**1555 NORTH PARK DRIVE, SUITE 101
WESTON FL 33326**

Mailing Address

**1555 NORTH PARK DRIVE, SUITE 101
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 JAN 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0648596

Applied For

Not Applicable

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.

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 **1555 NORTH PARK DRIVE, SUITE 101**
CITY-ST-ZIP **WESTON FL 33326**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Aces Green Isle GP, Inc.
a Florida corporation, as general partner

SIGNATURE: By **Jeffrey M. Levine**, President 1/18/02 (954) 389-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)