


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A97000000305</b><br>1. Entity Name<br>PARK GREEN, LTD. |  |
|--|---|

Principal Place of Business  
1615 NW 1ST AVENUE  
FLORIDA CITY, FL 33034

Mailing Address  
1615 NW 1ST AVENUE  
FLORIDA CITY, FL 33034



04212006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0799748 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLAYTON, LOVEY  
1615 NW 1ST AVENUE  
FLORIDA CITY, FL 33034

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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.**

**12. GENERAL PARTNER INFORMATION**

|                |                        |
|----------------|------------------------|
| DOCUMENT #     |                        |
| NAME           | CLAYTON, LOVEY         |
| STREET ADDRESS | 1615 NW 1ST AVENUE     |
| CITY-ST-ZIP    | FLORIDA CITY, FL 33034 |

|                |                        |
|----------------|------------------------|
| DOCUMENT #     |                        |
| NAME           | CLAYTON, DAVID         |
| STREET ADDRESS | 1615 NW 1ST AVENUE     |
| CITY-ST-ZIP    | FLORIDA CITY, FL 33034 |

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

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

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

U00000534973  
05/08/06-80035-006 158.75

U00000540601  
05/10/06-80024-022 508.75

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/2006 (305) 248-2532

Date

Daytime Phone #

STAPLE CHECK HERE