


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

**FILED**

**RECEIVED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**  
**APR 10 2006**  
**BY:**

**DOCUMENT # A97000000341**  
 1. Entity Name  
**THE GREENHOUSE PARTNERSHIP, LTD.**



Principal Place of Business  
**222 S. PENNSYLVANIA AVE., SUITE 200**  
**WINTER PARK, FL 32789**

Mailing Address  
**P.O. BOX 2146**  
**WINTER PARK, FL 32790**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3430824** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**SALTSMAN, ROBERT P**  
**222 S. PENNSYLVANIA AVE., SUITE 200**  
**WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000012206	STREET ADDRESS	
NAME	WELBOURNE AVE. CORP.	CITY-ST-ZIP	
STREET ADDRESS	222 S. PENNSYLVANIA AVE., SUITE 200		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	1100000563624
NAME		CITY-ST-ZIP	05/20/06-80016-020 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:** *Daniel B Bellows* **Daniel B Bellows** *VP of GP* **4-8-06** **407-644-3151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #