TO REVOCATION	N AND \$500 PENALTY FEE	ILL DE SUBJEU	_		
, LIMITED PARTNERSHIP ANNUAL REPORT 1998	Sandra B. Secretar	TMENT OF STATE Mortham y of State ORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Name of Limited Partnership		1a. DOCUMENT #		98 JAN -2 AM 8: 34 AS N	
Greenhouse (Lenge		<u> </u>			
Mailing Address P.O. BOX 2707 Palm Beach, FL 33480	Principal Office Address 255 South County Road Palm Beach, FL 33480		3. Date Formed or Registered Nou, 3, 1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date.	
Suite, Apt. #, etc. City & State	Suite, Apt. #. etc. City & State		6. FEI Number	Applied For Not Applicable	
Zip Country	Zip			7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to Dept. of State (See roverse side for fee information	
9. Name and Address of Cur	rrent Registered Agent		10. If changed, new Registered	Agent/Office	
11780 US HIGHW	FHS Corporate Services 11780 US HiGHWAY IL Suite 300 NORTH POLM BEACH, FL 33468		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code		
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered off of agent. I am lamiliar with, and accept the obligation of the purpose of changing its registered of the agent. I am lamiliar with, and accept the obligation of the purpose of t	of and 620 192, Florida Statutes, the above-name or registered agent, or both, in the State of Florida Statutos. 1)	rida. Such change was a	utnorized by its general partner(s). I herel DATE TNERSHIP OR OTHER	e State of Florida, submits this statement by accept the appointment of registered	
11. Namo(s) of General Partner(s)	JST BE REGISTERED AN 11a. Address of Each Gener (Do NOT Use Post Office B	ol Dagings	City, State & Zip Code	11c. Registration/	
G. Flash G.P., Inc.	40 Ashton de P. 306 North A	Eysten Palu	n Beach, PL 33481	P 970000 86883	
	,		-01/21/	4076469 /9801129008 1.25 ****541.25	
Octo: General partners MAY N 2. I do heroby certily that the information supplied w				 	
Corporations from any liability of non-compliance this annual roport is true and accurate and that n empowered to execute this report as required by	with Section 119 07(3)(k) in the event that the in my signature shall have the same logal effects as	nformation supplied is dee	med exempt from public access. I furthe	r certify that the information indicated on	
SIGNATURE _GoU_ du Typed or Prinled Name of General Partner Signing Form	People, President		DATE	12.30.97	
Typed or Printed Name of General Partner Signing Form	Ashton de Pey	ster	Daytime Telephone Number 5 0	61/835-8126	