

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -7 PM 1:00

DOCUMENT # A980000Q0768

1. Entity Name  
GREENWICH PARK, LTD.



Principal Place of Business  
9095 S.W. 87 AVENUE, SUITE 777  
MIAMI, FL 33176

Mailing Address  
9095 S.W. 87 AVENUE, SUITE 777  
MIAMI, FL 33176

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

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

City & State  
Zip Country

City & State  
Zip Country

0112005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0906559

Applied For  
Not Applicable

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

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

MITCHELL, JAMES R  
9095 S.W. 87 AVENUE, SUITE 777  
MIAMI, FL 33176

### 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.

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P96000099680	STREET ADDRESS	
NAME	PROFESSIONAL MANAGEMENT GENERAL PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	9095 S.W. 87 AVENUE, SUITE 777		
CITY-ST-ZIP	MIAMI, FL 33176		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell

2/25/05

305-270-0870

STAPLE CHECK HERE