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DOCU 1. Entity Nar	JMENT	# <b>A980</b> 0	000155	8					Λ	/81 /-
GREEN HOLDINGS 1, LTD.					F	ILED	Y	A	<u>P</u>	
31 TOWNHILL DRIVE 31		31 TOWNHILL	Mailing Address 31 TOWNHILL DRIVE EUSTIS FL 32726		•	O1 APR 12 AM 10: 22  SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business     3. Mailing Address			ress							
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	DO NOT WRITE IN THIS SPACE						
City & Sta	te		City & State			4. FEI Numbe	59-3531619		Applie Not Ap	ed For pplicable
Zip		Country	Zip		untry	5. Certificate	of Status Desired		<b>8.75</b> Addition se Required	nal
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Ag	ent	<del></del>
GREEN, SIBYL <sup>-</sup> G 31 TOWNHILL DRIVE			<b>.</b>	<u> </u>	ess (P.O. Box Number	is Not Acceptable)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
EUSTIS F										
					City		<del></del>	FL	Zip Code	
SIGNATURE  9. Capital Co	Signature, typed ontributions on record.	or printed name of registered agent \$4,950,000.00 GENERAL PARTNER T	and title if applicable.  10. Amous in FLO	(NOTE: Register nt of Capital Contr RIDA to date.	red Agent signature re ributions 2,	equired when reinstating)	11. MAKE CHECK SEE REVERSE	DATE PAYABLE T	O DEPT. OF ST. FEE INFORMAT	
	NOTE	General Partners MA	Y NOT be chang	ged on the form	n; an amend	ment must be filed	to change a gen	eral partn	er.	
12.	T T	GENERAL PARTNER	RINFORMATION	13	· · · · · · · · · · · · · · · · · · ·		ADDRESS CHAN	IGES ONLY		
NAME STREET ADDRESS CITY-ST-ZIP	OI TOTALLINEE DIGITE			Y-ST-ZIP					CR2E003 (11/00)	
DOCUMENT #	EUSTIS FL			STF	REET ADDRESS		<u>11111111141</u> -04/19/6 <u>*</u> ***526	010010	.600 006007 ****526.	25
STREET ADDRESS City-St-Zip	GREEN, KERRY G 8936 BROOKSHIRE COURT JACKSONVILLE FL 32257		CIT	Y-ST-ZIP						
DOCUMENT #	GREEN, G	REGORY M		STF	REET ADDRESS	104 Can	nino Re	al		
STREET ADDRESS CITY-ST-ZIP	1134 JUNI TAVARES	PER COURT FL 32778	·	CIT	Y-ST-ZIP	lowey in	the Hi	115,	FL 34	737
DOCUMENT # NAME STREET ADDRESS					REET ADDRESS	·	·			
DOCUMENT#			· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					—-
DOCUMENT #	<del></del>		<u></u> -	STR	REET ADDRESS					
STREET ADDRESS City-St-Zip					Y-ST-ZIP	. <u></u>				
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 THE OF OR PRINTED NAME OF SIGNING GENERAL PARTNER 4/9/01  SIGNATURE AND THE OF OR PRINTED NAME OF SIGNING GENERAL PARTNER Date OF CAYLING Phone 9										