

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001558

1. Entity Name
GREEN HOLDINGS I, LTD.



Principal Place of Business
**531 WATERFORD AVE
MOUNT DORA, FL 32757**

Mailing Address
**2310 S. BAY ST.
EUSTIS, FL 32726**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, SIBYL G
531 WATERFORD AVE
MOUNT DORA, FL 32957**

**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
STREET ADDRESS
CITY - ST - ZIP
**GREEN, SIBYL G TRUSTEE
531 WATERFORD AVE
MOUNT DORA, FL 32757**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GREEN, KERRY G
8936 BROOKSHIRE COURT
JACKSONVILLE, FL 32257**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GREEN, GREGORY M
30 TOWNHILL DRIVE
EUSTIS, FL 32726**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000000386366
01/18/06-80057-012 500.00

**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

1-11-06

Date

Daytime Phone # _____

STAPLE CHECK HERE