

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 12 PM 5:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A98000002350	
1. Entity Name GREENVILLE PARTNERSHIP, LTD.	



Principal Place of Business 2851 REMINGTON GREEN CIRCLE, SUITE D TALLAHASSEE, FL 32308	Mailing Address 2851 REMINGTON GREEN CIRCLE, SUITE D TALLAHASSEE, FL 32308
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152005	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3538194		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BITTMAN, MICHAEL J 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801
--

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. \$7,000.00	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 #	P98000086461	STREET ADDRESS	
NAME	J. P. LAKE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2851 REMINGTON GREEN CIRCLE, SUITE D		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

400051406334
 04/20/05--01050--025 **150.00

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: <i>C.G. Farmer</i> C.G. FARMER	Signature J.P. LAKE, INC. G.P.	Date: 4/10/05	Daytime Phone #: 850-386-2522
--	-----------------------------------	---------------	-------------------------------

STAPLE CHECK HERE