2001	UNIFORM	BUSINESS	REPORT	(URR)
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DOCUMENT # A9900000513 1. Entity Name							·				88		
THE GREENBERG GROUP OF SOUTH FLORIDA, LTD.						FILED							
Principal Place of Business Mailing Address 3360 S. OCEAN BOULEVARD. APT. 3B SOUTH PALM BEACH FL 33480 PALM BEACH FL 33480					ard. Apt		- 0.5	EB -5 AM TARY OF ST HASSEE FI		140k 11ki 11		11)	
Principal Place of Business 3. Mailing Address						u-			FIO 12110 FO(11 AD11) DO(1				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA			PACE						
City & State				City & State				4. FEI Number	65-0908351	-		Applied For Not Applicat	ole
Zip		Country Zip		Cour				f Status Desired	_ L	ee Requ	Additional uired		
6. Name and Address of Current Registered Agent GREENBERG, MADELYN 3360 S. OCEAN BOULEVARD, APT. 3B SOUTH PALM BEACH FL 33480						Name Street Addr	7. Name and Address of New Registered Agent ddress (P.O. Box Number is Not Acceptable) 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.													
SIGNATURE	Signature, typed	or printed name of registered agent	and title i	fapplicable (NOT	E: Registere	d Agent signature r	required v	when reinstating)	·	DATE			
9. Capital Co as Shown		\$1,500,000.00		10. Amount of Capit in FLORIDA to d		butions			11. MAKE CHEC SEE REVERS				
		ENERAL PARTNER T General Partners MA	Y NO	T be changed on the					to change a ge	neral parti			
12. GENERAL PARTNER INFORMATION DOCUMENT #					13.			ADDRESS CHANGES ONLY					ᅱg
NAME STREET ADDRESS CITY-ST-ZIP	GREENBERG, MADELYN 3360 S. OCEAN BOULEVARD, APT. 3B SOUTH PALM BEACH FL 33480					-ST-ZIP	`	· ··· ··		,		<u></u>	CR2E003 (11/00)
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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: Wadduty Symptomic Signature of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: Wadduty Symptomic Signature of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: Wadduty Symptomic Signature of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										or			
SIGNAT	URE: _	SHENATURE AND TYPED OR	PRINTE	NAME OF SIGNING GENERA	L PARTNE	JUCI Y	, C	1641100	Date	Dayt	ime Phone	1009	7