2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 . ____

STAPLE CHECK HERE

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # A9900002147 1. Entity Name GREETHAM INVESTMENTS, LTD.					Secretary of State
Principal Place of Business Mailing Address 685 15TH AVENUE SOUTH 5811 PELICAN BAY BLV NAPLES, FL 34102 NAPLES, FL 34108				E. 6 00	,
2. Principal F	Place of Business	3. Mailing Address			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	•	,	01042005 Chg-LP CR2E003 (10/03)
City & Sta	te	City & State			4. FEI Number Applied For 59-3614383 Not Applicable
Zip	Country	Zıp	Cour	itry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
FOWLER WHITE BOGGS BANKER, P.A.				Name Street Address (P,O. Box Number is Not Acceptable)	
5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108			-	Street Address (P.O. Box Number is Not Acceptable)
				City	⊏I Zip Code
The above named entity submits this statement for the purpose of changing its re-			ing ite rogister		
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and life it applicable CATE					
9. Capital Contributions \$10,000,000.00 10. Amount of Capital Contributions in FLORiDA to date. \$10,000,000.00					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; ar 12. GENERAL PARTNER INFORMATION 13.					nt must be filed to change a general partner. ADDRESS CHANGES ONLY
DOCUMENT #	DOCUMENT # P99000109527			ET ADDRESS	
NAME GREETHAM INVESTMENTS, INC. STREET ADDRESS 685 15TH AVENUE SOUTH		•	CJTY	-ST-ZIP	
CITY-ST-ZIP DOCUMENT #	NAPLES, FL 34102				
NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	11000000314840 04719705-80010-013 526,25
STREET ADDRESS			CITY	- ST - ZIP	047.137.02=91.010=013 - 959 * 59
CITY-ST-ZIP DOCUMENT #			SIBS	ET ADDRESS	
name Street address					
CITY - ST - ZIP			CITY	-ST-21P	
DOCUMENT # NAME			STRE	et address	
STREET ADDRESS CITY-ST-ZIP			CITY	-\$T-2IP	
DOCUMENT #			STRE	ET ADDRESS	
NAME STREET ADDRESS			CITY	-ST-ZIP	
City-ST-ZiP	and the that the information	lood with this files days at an			ofine 110 07/3/A Florida Statuta a Liushar and Luchat the Information
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes 1 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					