



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May-1, 2006

DOCUMENT # B01000000070	
1. Entity Name GREENSTREET CAPITAL, L.P.	

Principal Place of Business 2601 S. BAYSHORE DRIVE, SUITE #800 MIAMI, FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE, SUITE #800 MIAMI, FL 33133
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04182006 Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0745876	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	
STANLEY, SHERRY A 2601 S. BAYSHORE DRIVE, SUITE #800 MIAMI, FL 33133	

7. Name and Address of New Registered Agent	
Name <u>Victor Corra</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2601 South Bayshore Dr. Suite 800</u>	
City <u>Miami</u>	Zip Code <u>FL 33133</u>

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 <u>[Signature]</u>	DATE <u>4/17/06</u>

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000002984 GREENSTREET MANAGEMENT, INC. 2601 S. BAYSHORE DRIVE, SUITE #800 MIAMI, FL 33133	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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	
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SIGNATURE: <u>[Signature]</u>	Jeffrey A. Satchik	4/17/06 (305) 856-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

FILED
06 MAY -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STAPLE CHECK HERE