

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DOCUMENT # B01000000078 1. Entity Name GREEN FAMILY HOLDINGS, 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0541480	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Victor Corral Street Address (P.O. Box Number is Not Acceptable) 260 South Bayshore Dr. Suite 800 City Miami		
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.			Zip Code FL 33133		
SIGNATURE 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F01000001335 GREEN FAMILY HOLDINGS, INC 2601 S. BAYSHORE DRIVE, SUITE 800 MIAMI, FL 33133		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	900075013169 05/22/06--01007--023 **500.00	
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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					
SIGNATURE:			Jeffrey A. Satchik		
<small>SIGNATURE AND FULL OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4/17/06 (68) 858-4225		

STAPLE CHECK HERE