


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000262		
1. Entity Name GREENSTREET REAL ESTATE HOLDINGS, L.P.		

Principal Place of Business 2601 SOUTH BAYSHORE DR. SUITE 800 COCONUT GROVE, FL 33133	Mailing Address 2601 SOUTH BAYSHORE DR. SUITE 800 COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

07 JUN 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4844855	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORRAL, VICTOR 2601 SOUTH BAYSHORE DR. SUITE 800 COCONUT GROVE, FL 33133	
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	M06000003218	STREET ADDRESS	
NAME	GRST REALTY MANAGEMENT PARTNERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	2601 SOUTH BAYSHORE DR. SUITE 800		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #	M06000002878	STREET ADDRESS	
NAME	SV REALTY LLC	CITY-ST-ZIP	
STREET ADDRESS	1250 FOURTH STREET, 5TH FLOOR		
CITY-ST-ZIP	SANTA MONICA, CA 90401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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06/15/07--01059--014 **500.00

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. Safchik

4/27/2007

(305) 958-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE