2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000335

FILED
01 MAY 23 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

GREENBERG PROPERTIES, LTD.

Principal Place of Business	Mailing Address
4959 Heatherglen Dr. Houston, Tx. 77096	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0584526 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Shear, L. David 201 E. Kennedy Blvd. TAMPA, FL. 33602	Name Shear, L. David Street Address (P.O. Box Number is Not Acceptable) 401 E. JACKSON ST. 2700 Suntrust Financial Centre City TAMPA FL Zip Code 33602-5841

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$592,875.00	-0-	

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 # F99000002923 NAME Break Camp Properties, Inc. STREET ADDRESS 4959 Heatherglen CITY-ST-ZIP Houston, Texas 77096	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP BK
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OVERPAYMENT 385.00
ADM 400.00
AR 52.50
ARSUPP 8.75
CUS 8.75

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****385.00 ****385.00
CR0000 (/00)

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: Maida Goodman 5/19/01 972-380-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

MAIDA GOODMAN

OVERPAYMENT - $385.00