


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 29 AM 11:43

DOCUMENT # A03000001671					
1. Entity Name AGOLD INVESTMENTS, LTD.					
Principal Place of Business 421 E CENTRAL BLVD #1404 ORLANDO, FL 32801			Mailing Address 421 E CENTRAL BLVD #1404 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
M & W AGENTS, INC. 2101 CORPORATE BLVD, STE 107 BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. <del>\$543,771,118.67</del> <sup>\$1,654,325.68</sup>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000048816		STREET ADDRESS		
NAME	AGOLD HOLDINGS, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	421 E CENTRAL BLVD #1404				
CITY-ST-ZIP	ORLANDO, FL 32801				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Adam Golden, Mgr</u>			Date: <u>2/27/05</u>		Daytime Phone #: <u>321-843-1201</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

**ADAM GOLDEN**