

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29025

1. Entity Name

GOLDEN SHORELINE LIMITED PARTNERSHIP

FILED

00 JAN 18 AM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business C/O SHOWE BUILDERS, INC. 1225 DUBLIN ROAD COLUMBUS OH 43215	Mailing Address C/O SHOWE BUILDERS, INC. 1225 DUBLIN ROAD COLUMBUS OH 43215-1024
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 31-1281393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**H. B. SHOWE BUILDERS OF FLORIDA, INC.
C/O DAVID N. SEXTON
1167 THIRD STREET SOUTH
NAPLES FL 33940-7098**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record.	\$900,000.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	P26557 SHOWE BUILDERS, INC. 1225 DUBLIN ROAD COLUMBUS OH
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STREET ADDRESS	
CITY - ST - ZIP	100003112171--7
STREET ADDRESS	-01/27/00--01008--025
CITY - ST - ZIP	****526.25 ****526.25
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CITY - ST - ZIP	
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/00
Date

604-481-8106
Daytime Phone #