

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

DOCUMENT # A29025
1. Entity Name
GOLDEN SHORELINE LIMITED PARTNERSHIP



Principal Place of Business: C/O SHOWE BUILDERS, INC. 225 DUBLIN ROAD COLUMBUS, OH 43215
Mailing Address: C/O SHOWE BUILDERS, INC. 1225 DUBLIN ROAD COLUMBUS, OH 43215

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 31-1281393 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
H. B. SHOWE BUILDERS OF FLORIDA, INC.
C/O DAVID N. SEXTON
1167 THIRD STREET SOUTH
NAPLES, FL 33940-7098

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.

9. Capital Contributions as Shown on record. \$900,000.00
10. Amount of Capital Contributions in FLORIDA to date.

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 #	P26557	STREET ADDRESS	
NAME	SHOWE BUILDERS, INC.	CITY-ST-ZIP	300036472753
STREET ADDRESS	1225 DUBLIN ROAD		05/14/04--01048--038 **\$88.75
CITY-ST-ZIP	COLUMBUS, OH		300036472753
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	05/14/04--01048--039 **\$437.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

Handwritten signature/initials

STAPLE CHECK HERE

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: _____ DATE: 4-1-04 DAYTIME PHONE #: 614-481-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER